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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

LIVERPOOL NORTHERN HOSPITAL.

LIME-JUICE IN RHEUMATIC FEVER.

By THOMAS INMAN, M.D., lately Physician to the Hospital.

SOME time ago, I stated the results of my experience of the value of lime-juice in acute rheumatism; since then I have had abundant corroborative proof of its utility. The last case under my care is so instructive, that it deserves a record.

Mary S., aged 27, was admitted into the Liverpool Northern Hospital, with a severe attack of the above disease, on the 19th of September. I ordered her half a pint of lime-juice daily. On my visit on the 23rd, I found her only a trifle better; and on the 26th, I found her worse than she was on admission. As this was the first failure I had met with, instead of altering the treatment, I went into the shop to inspect the lime-juice, of which I was told the supply was fresh, and furnished by a first-rate house (the Liverpool Apothecaries' Company). I found it colourless, slightly viscous, and, on my tasting it, it seemed to be nothing but lemonade sweetened and acidulated with tartaric or other acid. I directed the pure material to be procured, and the patient to take it as before. After leaving the Hospital, I lost sight of the patient; but I called to hear of her on the 5th of October. I did not see her, but next day I received a note from the House-surgeon, stating that "the patient got well rapidly after the lime-juice had been changed, and was discharged cured in three days afterwards."

This case proves:—1. That the lime-juice procured at first-rate houses is not always to be depended upon. 2. That lime-juice does not act simply because it is an acid. 3. That lime-juice may have been undervalued, because those employing it have not had the pure material. 4. That the treatment of acute rheumatism by this drug is not equivalent to leaving the disease alone.

GUY'S HOSPITAL.

I. A CASE OF FRACTURED RIBS, ETC.

Under the care of J. BIRKETT, Esq.

[*From Notes by* J. D. HILL, Esq.]

DANIEL LEE, aged 19, was admitted on August 5th, on account of an accident, in which he had fallen off the shaft of a waggon. the wheel of which had passed over his chest. The weight was said to be three tons.

Upon examination, it was found that the four or five upper ribs, below the first, on the left side, were fractured, and that the sternal end of the clavicle was dislocated forwards upon the sternum. The patient was suffering from intense dyspnœa and expectoration of frothy blood, indicating injury to the lungs. That side of the chest was strapped, with strips of adhesive plaister passing from the spine to the sternum, which seemed in some measure to relieve the breathing. The symptoms, however, soon became more urgent; and, at 10 P.M., the house-surgeon ordered half a drachm of antimonial wine with five minims of laudanum, every three hours.

At 12.30 P.M., Mr. Bryant was asked to see him, and ordered that he should be bled to ten ounces. After this, there was a marked improvement in the patient's condition. His breathing became less hurried, and the pulse diminished in force as well as frequency. The mixture was ordered to be continued.

Next morning, it was noted that there was no emphysema. He was better, breathing more quietly; but the pulse was full and bounding, and the tongue brown and coated. There were thirst and heat of skin. He had slept for three hours. There was still great anxiety and oppression.

In the afternoon, he was again bled to twelve ounces, after which there was a decided improvement; the pulse became soft and compressible, the breathing tranquil, and the patient altogether relieved.

August 7th. He was improving, and slept several hours in the night. The mixture was ordered to be continued. His breathing was quiet, but still diaphragmatic.

From this time no detailed notes were required. The strapping was removed on August 9th, and the medicine was discontinued three days afterwards. He left the Hospital in the beginning of September.

As soon as his condition allowed of an examination being made, Mr. Birkett ascertained that the bodies of the second, third, fourth, and fifth ribs, had been broken at a point corresponding with an imaginary line drawn vertically downwards from the centre of the clavicle to the left nipple; a slight irregularity in each rib indicating the seat of fracture. The sternal end of the left clavicle remained displaced; but when the man left the Hospital, he could move the left shoulder as if no injury had been inflicted. The relief afforded by the abstraction of blood in this instance was most striking. Before the operation, the man seemed at the point of death, so great was the dyspnœa and distress in every attempt at respiration. Afterwards he rested calmly, and breathed with ease. Mr. Birkett attributed the successful issue of this case, after such extensive injury, entirely to the judicious employment of venesection by the direction of Mr. Bryant.

II. CASE OF HÆMATOMA, OR SECONDARY BLOOD-TUMOUR.

Under the care of J. BIRKETT, Esq.

[*From Notes by* H. TOPHAM, Esq.]

Edwin Westlake, aged 19, was admitted on April 26th, under Mr. Birkett's care. It seemed that fifteen days before his admission, he had been kicked by a horse on the outer part of the left thigh, about its middle. He suffered a good deal of pain at first, but not after the first seven days. On the fourteenth day it swelled, and on the fifteenth became intensely painful and much swollen.

The history of the case and its appearance led to the supposition that a collection of pus existed; but from the sudden and great enlargement of the swelling, Mr. Birkett recognised the probability of its containing blood. A bistoury was passed in beneath the fascia, when a quantity of bloody fluid spirted out to a great distance. The wound was immediately closed, and healed, with the exception of the puncture in the skin. A stimulating embrocation was then applied to the part, and the coagulum became by degrees absorbed. The man was discharged on June 14th.

In commenting on this case, Mr. Birkett said that it was the first instance he had observed in which a large quantity of blood had been poured out at so long a period as fourteen days after the receipt of a local injury.

REMARKS. The pathology of such cases as this is not well determined. It seems clear that the bleeding cannot usually come from a single large vessel, either arterial or venous; for if it were the former, pulsation ought to be evident, and the sac, when emptied, ought to refill; and it is hard to conceive any condition, apart from ulceration or the forcible removal of a clot, in which a vein which had been wounded and closed for a fortnight should burst out bleeding. The hæmorrhage then seems to belong to the class of exhalations, but what the condition of the capillaries is which favours this event, is obscure. As to the treatment, the tension of the fascia, and the pain thus occasioned, necessitated a puncture, without which the irritation would probably have soon passed into suppuration, and the extension of the hæmorrhage might have produced further mischief in the limb. It was important to close the wound after evacuating the blood, in order to avoid the consequences of the admission of air to the clot.

MIDDLESEX HOSPITAL.

FRACTURE OF THE RIBS WITH EXTENSIVE EMPHYSEMA: WITH CLINICAL REMARKS.

By A. Shaw, Esq.

G. B., aged 39, a carman, was admitted on September 10th, 1859, into Middlesex Hospital, under the care of Mr. Shaw, for fracture of several of the ribs on the right side. For many years he has been subject to chronic bronchitis, and up to the present time has been a patient of a Dispensary for Diseases of the Chest. On this day, while unloading his waggon of beer-barrels at a public house, he fell into the cellar, and struck his side with great force against the edge of a barrel. He was brought to the Hospital within an hour after the accident. Three or four of his ribs, in the central and back part of the right side, were broken, their ends being loose and grating. Over the seat of the injury, for a space of about eight inches square, there was emphysema, marked by the swelling and peculiar crackling feel caused by air contained in the cellular membrane. No blood was perceived in the sputa. The dyspnœa was very great. As this was aggravated by the application of the rib-roller, it was removed; and a broad piece of adhesive strapping was drawn firmly over the injured part. The patient being unable to lie down, a bed chair with pillows was provided: he had a purge of calomel and jalap: also a linctus for the cough: and diet of gruel.

September 11th. His difficulty of breathing has increased: the act of expectoration causes great distress: what he brings up is thick mucus. Pulse 82. The emphysema can now be felt all round the chest, over the abdomen, and down the arms. He was ordered a saline mixture, with ipecacuanha wine and chloric ether: and broth for diet.

September 12th. The emphysema has extended to the neck and head, and is now in all the upper half of the body. The face is greatly puffed out, all the lines and wrinkles of the features being obliterated, and the skin tense and glossy; both eyes are quite closed, the eyelids being distended, like segments of round balls, beyond the level of the orbits. Even under the scalp, near the vertex, the crackling of the air can be felt. The scrotum and skin of the penis are very largely distended. The emphysema does not extend to the lower extremities; it terminates abruptly on both sides at the line of Poupart's ligament. The frequency of the cough and painful efforts to expectorate, greatly harass him; the matter brought up is still tenacious mucus. In the intervals of the fits of dyspnœa, the respiration, though laboured, is comparatively tranquil; not being so difficult as to lead to the idea that much air is confined in the cavity of the pleura. As he is unable to lie down, and his body frequently falls forwards, his rest is greatly disturbed; his pulse is weak, and he complains of exhaustion. Brandy, in small quantity, and ammonia, are to be administered when he is faint.

September 14th. He is much the same; the brandy is to be discontinued, as he complains of increased pain in the side.

September 15th. A new source of distress has been added in his having had an attack of diarrhœa; it subsided after a few doses of chalk and aromatic mixture. The emphysema in the face is diminished; he can partly open one eye.

September 16th. The cough is much less troublesome. By substituting numerous pillows for the bed-chair, he has rested more comfortably, and got some sleep. Fish diet was ordered.

September 18th. He goes on favourably. The swelling of his face is much less; he can now partially open both eyes.

September 23rd. His breathing is easy. Since last report, the rib-roller has been applied, and has added to his comfort. He was ordered olei balænæ ℥i, three times a day, after meals.*

September 29th. The emphysema is nearly gone. He is dressed, and has been out of bed for two hours.

October 11th. His cough has almost ceased, and he has gained flesh. He was discharged to-day.

Mr. Shaw has favoured us with the following

Clinical Observations, which were addressed to his class. The case presents an example of ribs fractured by *direct* force. That distinction is important, as, in such kind of fracture, the jagged ends of the ribs are driven inwards, and are in danger of penetrating not only the pleura costalis, but, as in our patient, the lung itself.

The signs of the lung being wounded are, bloody sputa and emphysema. In this case, there was an absence of expectoration of blood. Owing to the elasticity and immediate collapsing of the lung at the wounded part, vessels of considerable size may be opened, and yet the hæmorrhage may not be great.

In emphysema, the air escapes from the wound of the lung during the act of expiration: it is owing to the same compression by which the air contained in the lung generally is expelled through the natural passages, the bronchi and trachea, that the air contained in the portion of lung near the wound is expelled into the cavity of the pleura, through the newly formed outlet, viz., the wound. By degrees, the air which thus issues from the wound collects, in greater or less volume, within the cavity; but it does not long remain there: it is gradually expelled, and that principally by the efforts of coughing. The pressure of the compages of the chest, exerted upon the confined body of air, causes it to escape out of the pleural cavity through the interstices of the fractured ends of the ribs and the lacerated tissues around. In that manner the air gets access to the cellular membrane of the exterior of the thorax; and as the pumping goes on, the emphysema extends. The whole trunk, arms, neck, and face, in our patient, were blown out by the extravasated air. But it was observed that the lower extremities were not affected. The explanation of the latter fact I conceive to be, that, as the patient could breathe only in the sitting posture, and his body was commonly inclined forwards, there were produced at the flexure in the lower part of the abdomen, by that position, a constriction and pressure, which had the effect of preventing the air from descending into the cellular membrane of the lower extremities.

In this case, notwithstanding its absence in the legs, the emphysema was certainly more extensive than is commonly met with. Can you think of any peculiarity in the patient's condition that may account for that? In my opinion, the dyspnœa from which he suffered, in consequence of his chronic bronchitis, had an important effect. The quantity of sputa collected daily in the porringer, you observed, was considerable; it was also expectorated with much effort. We may conclude, therefore, that when he met with the accident, the bronchial tubes were obstructed more or less by tough tenacious mucus. Now, in proportion as the respired air, which fills the lungs in ordinary breathing, is expelled, during expiration or coughing, with difficulty, so much greater will be the tendency of the air contained in the portion of lung near the wound to be emitted in large quantity through that abnormal passage into the cavity of the pleura. Hence the painful and laborious expectoration, and the great and rapid extension of the emphysema, both strikingly observed in this patient, may be justly connected together as cause and effect. I would also suggest, as a reason for the absence of bloody sputa, that just as the air contained in the lung near the seat of the wound could not be expired along the bronchi and trachea, so the blood extravasated into the minute bronchial tubes at the wound could not be expelled through the same passages.

The question may be asked: was the distension of the cellular membrane over such a large extent of the body, and which, especially in the face, had such an alarming appearance, a real source of danger; or was it rather to be considered in a contrary view? That question will be best answered if you reflect on what would have been the consequence if all that air, instead of having been distributed over the exterior of the thorax, had been pent up in the closed cavity of the pleura. How would the patient's breathing have been affected? The first effort would have been a collapse of the wounded lung; it would have been flattened against the mediastinum, and the breathing through it greatly impeded, or stopped. Secondly, if air had continued to be pumped through the wound in the lung, the cavity of the pleura would have become, in the course of a short time, so much overdistended that the heart and mediastinum would have yielded to the pressure—they would have been thrust to the opposite side—they would have encroached on the space pertaining to the sound lung; accordingly, that lung, on which the act of respiration would then have entirely depended, would have been compressed, and incapable of performing its office.

I have witnessed, in a case of fractured ribs, where the emphysema was slight, the dreadful dyspnœa produced in the manner I have described; and also the extraordinary, instantaneous relief given by puncturing one of the intercostal spaces. As soon as the cavity of the pleura was perforated, the air rushed from the orifice with a force that blew out a lighted candle. Accordingly, when we bear in mind to what an excessive degree our patient suffered from difficulty of breathing, owing to the effects of his long-standing bronchitis, it may fairly be

* The oil of the black-whale of the Southern Seas. It has been long used in the Middlesex Hospital as equal in virtue to the cod-oil; than which it is cheaper, and less objected to in taste.

conjectured that if, in addition to that, his breathing had been oppressed by compression of the lungs from air accumulating in the cavity of the pleura, he could not have survived. We may, therefore, look on the escape of air into the cellular membrane, external to the chest, as having been a source of safety—like the steam let off by the engineer, from an overcharged boiler.

In the course of watching the case, we had to keep our minds directed to three distinct sources of difficult breathing: first, that which might depend on the patient's former disease of the chest, of the nature of which we had no exact information; secondly, that which might be the ordinary effect of several ribs having been broken at the same time; thirdly, that which might arise at any moment from the air that escaped at the wound becoming confined, and increasing in quantity within the cavity of the pleura, so as to compress and stop the breathing in one or both lungs.

You will have observed that we applied the rib-roller at first, and immediately afterwards removed it; but again, when the patient improved, returned to its use. It is not unfrequently found, in cases where more ribs than one have been broken without any lesion of the lung, that the chest-bandage, however applied, with or without pasteboard or the like to protect the side, cannot be borne, and we are obliged to abandon it. This is more likely to occur when there has been previous disease of the chest, old bronchitis, or emphysema, in elderly persons, who are the people most liable to have their ribs broken. But, in this case, I was afraid that, if the thorax had been bound firmly, or with tightness sufficient to do any good, two bad results would have ensued: first, it was to be apprehended that the pressure directed on the seat of the fracture by the roller would have stopped the exit of air from the cavity of the pleura, or prevented its free entrance into the cellular membrane; and secondly, supposing air had accumulated in the cavity, and caused compression of the wounded lung, the bandage would have had the effect of interrupting the play of the sound side of the thorax, and, by impeding the respiration in the only lung left to perform the office, would have added greatly to the dangers of the patient, suffering already as he did from chronic bronchitis.

Original Communications.

ON THE SUCTION-METHOD OF REARING INFANTS.

By F. J. Brown, M.D., Chatham.

My object in this paper is to point out the value of milk as the food of infants, and the importance of administering it by the suck-bottle; also, to condemn the practice of pap-feeding.

I wish to show not only that milk is the natural food of infants, but also that suction is the natural mode of taking this kind of food during the infantile period of life. In speaking of suction, I do not mean exclusively the sucking of the mother's breasts; I also include the sucking of a bottle with prepared mouthpiece. I use the word suction to show that the natural mode of feeding in infants is by sucking, in contradistinction to the eating or swallowing of spoon-food.

Pap of every kind I hold in abhorrence. I declare war against it. I tell the mothers and nurses that feeding by pap is an excellent way to kill their children; that, although the majority of infants live and thrive on spoon-food, yet that many perish; and that spoon-food is the cause of the flatulence, eructations, vomitings, and gripes, that are considered to be natural to infants. I believe that these unpleasant conditions are mostly due to the spoon-food; that they are far less frequent in children that are suckled either at the breast or by means of the bottle, *provided that the acts of suckling be not repeated at intervals shorter than three hours.*

Children thrive admirably on breast-milk, or on cow's milk diluted with one-sixth part of water, and slightly sweetened with white sugar. The amount of sugar should be very small; and the milk should be given lukewarm, with the child lying in the semi-recumbent posture, in its nurse's arms. The child may take its fill (from four to eight ounces) each suckling period: thus it will take from one to two quarts, or even more, of milk and water daily. The child may be taught to do without sucking for four or five hours in the night.

The child should not have anything given it in the way of food until the teeth begin to appear. Nature sends the teeth to indicate that mastication is about to replace suction. About this period, it is right to give a small quantity of pap; namely, white home-made bread (free from alum), scalded or boiled slightly, and sweetened by a small quantity of white sugar. If such bread cannot be obtained, give tops and bottoms, or rusks, prepared for use in the usual manner. Gradually increase the feeding, and give beef-tea and gravy, and, finally, portions of any wholesome food that may be upon the table.

When the teeth appear late, the feeding must also be adopted late.

Milk must be the food of toothless infants. Still, after nine months have passed from the birth of the child, although there may be no teeth, a small amount of food may be given; but I should advise that it be beef-tea, rather than bread, in these cases. The cordials and baby-mixtures, so commonly used for infants, would almost disappear from our homes, if children were not sought to be reared as young birds. Birds throw food down the throats of their gaping progeny, and nurses imitate them by shovelling pap into the mouths of their little ones until the food lies in the mouth unswallowed, the child scarcely caring to swallow it. Mark the difference in the results: the young bird thrives in direct proportion to the amount of solid food swallowed, whilst the infant thrives in an indirect ratio.

A few words now respecting the sleeping of infants. Infants ought not to sleep in the same bed with their parents: they should sleep in a cot by the side of the bed—one of equal height with the bed. This would save the child from the danger of suffocation, and would render the mother's bed more comfortable for herself. It is believed that many infants perish, not by being overlaid, but by being asphyxiated by carbonic acid; the child sinking down in the bed under the clothes, and so being exposed to the carbonic acid.

The few remarks that I have made contain nothing that is not already known and taught by all medical gentlemen acquainted with sanitary science; but the public are utterly shocked at the heretical nature of the doctrine, and cry out upon its promoters as if they had a design upon infantile life. I have seen so many fine children reared by the suction of milk, and so many children damaged by spoon-food, that I cannot forbear raising my voice a second time* in favour of the one method, and adversely to the other. I believe that thousands of illegitimate children, that are put out to nurse, and that now perish, might be reared by the milk-suction method. Certainly many of these poor innocents are diseased, and die of syphilis; but for this affection in infants there is a remedy that acts most satisfactorily; it is the unguentum hydrargyri fortius of the *Pharmacopœia*, applied over the abdomen. No medicine is required internally. I have seen many children cured in this way of syphilis, and also of strumous glandular disease of the abdomen.

If it were not unsound policy to interfere with the operations of trade—to disorder the balance between supply and demand—I should recommend that adults in the enjoyment of good health should forego the use of milk, so that babes might obtain an abundant supply of their natural food. There are so many weakly mothers, and so many unmarried women that bear children, that a large supply of cow's milk is needed. I expect that all the cows' milk consumed in this country in tea and coffee would be required for infants, if the milk-suction method of rearing children were exclusively adopted. For my part, I should be glad to see the use of milk confined to infants, to the aged, and to the sick of all ages.

To sum up:—

1. The natural food of infants is milk.
2. The natural mode of feeding, in infants, is by suction.
3. Milk must be the food of toothless infants.
4. The teeth are Nature's indices of the masticatory process.

AN ANALYSIS OF TWO THOUSAND CONSECUTIVE CASES IN MIDWIFERY OCCURRING IN PRIVATE PRACTICE.

By G. Rigden, Esq., Surgeon to the Canterbury Dispensary.

[*Read before the East Kent and Canterbury Medical Society.*]

I have been induced to communicate the following analysis of cases in midwifery to the Society, not only as giving the result of an individual practitioner's experience during a period of many years, but as affording in some degree a contrast between the statistics of private practice and those derived from obstetric institutions, where the average of bad cases, from the

* See my paper on the First Food of Infancy, in the "Journal of Public Health and Sanitary Review" for April 1856.

less favourable condition of the circumstances, is higher than in private practice. I have purposely taken consecutive cases as making a fairer analysis of ordinary midwifery practice, and have excluded all cases that I have attended on account of, or in conjunction with, other practitioners. An analysis of rather more than half of these cases I published in the *Medical Times and Gazette* for 1854.

The 2000 labours resulted in the birth of 2,025 children. One mother gave birth to twins at four consecutive confinements; in each of the other cases of plural birth, twins were born but once to each mother.

Four of the mothers died from the complications or consequences of labour; viz., one from convulsions and coma two hours after delivery, and three from puerperal fever at the expiration of five days, six days, and fourteen days respectively, after the termination of the labour.

Of the children, forty-six males, and fifty females, total ninety-six, were still-born.

Four labours were complicated with *retained placenta:* three from inertia, and one from irregular contraction of the uterus. In the latter, the placenta was removed one hour after the birth of the child. In the former three cases the mother recovered favourably; in the case of irregular contraction, puerperal fever presented itself on the third day, and terminated fatally on the fifth.

Five cases were complicated after labour, with *retention of urine*, for which the catheter had to be employed at least twice daily in two cases for seven days, in the other three, for periods varying from seven to fourteen days. They all terminated in recovery. Three of the above cases occurred to the same female. In three cases, the retention occurred after a first and difficult labour, in the other two cases it was after the second and third, and comparatively easy labours.

Five mothers were attacked with *puerperal convulsions.* In the *first* case, a primipara, unmarried, aged about 18, was attacked within an hour after delivery. Threatening symptoms, for which venesection and cold applications to the head had been had recourse to, had shown themselves during labour. There was but one paroxysm: and the recovery was perfect. The patient has since married, and borne several children, but has had no recurrence of the disease. The *second* case was that of a primipara, married, aged about 34, in whom convulsions occurred during a protracted and difficult labour; they first appeared when the head was in the cavity of the pelvis, and continued, with slight intermissions for seven hours, until the birth was completed. Labour proceeded favourably, but slowly, without instrumental assistance. Venesection and cold to the head were freely used from the commencement of the paroxysms. The child was saved, and the mother had no return of the disease after delivery. She has since had several confinements, without any recurrence of convulsions. In the *third* case, a primipara, unmarried, aged 18, had been subject to epileptic fits since childhood, and was almost idiotic. The labour was not protracted nor difficult. Convulsions occurred during labour, for which venesection and cold to the head were resorted to. The convulsions terminated in coma, in which state a still-born and premature child was expelled by the natural efforts. The mother died comatose, two hours after delivery. The *fourth* case was that of a primipara, aged about 20, married. Convulsions commenced soon after the birth of a living child (labour not very difficult), and continued with slight intermissions for several hours. She was treated with cold applications to the head, and frequently repeated doses of calomel; she recovered. Her next confinement was free from this complication; but in her third labour, when residing at a distance from Canterbury, they again recurred, I believe at a premature birth, and terminated fatally to the mother. The *fifth* case was that of a woman, aged about 30, married, and the mother of two or three living children. She had had several miscarriages of still-born children at the seventh and eighth months. Two distinct attacks of convulsions occurred during labour, for which she was bled freely, and cold was applied to the head. The child, still-born and premature, was expelled by the natural efforts; after which, although large and frequently repeated doses of calomel were given, as many as sixteen attacks of convulsions came on within the next twelve hours, but ultimately ceased. With the exception of a severe salivation, the patient afterwards did well.

Of the labours, *twenty-six* were cases of *breech presentation*, all delivered by the natural efforts: of these eighteen children were saved.

Four were cases of *feet or foot presentations*, all delivered by the natural efforts. One child was saved.

Fourteen were cases of *face presentations;* nine children were saved. In *two* cases the delivery was completed with the aid of the forceps, and the children were saved. In *one* (and in this also the hand presented), the child was delivered by turning, and was still-born. In *eleven* cases the delivery was effected by the natural efforts, and seven children were saved.

Twelve of the cases were *shoulder* or *arm presentations*, all delivered by turning. Two were premature, and the children were still-born. Two were the second of twins; the children were born alive. Three of the other mothers were delivered of living children; and in five cases the children were still-born.

Six were *placental* presentations; all were delivered by turning. The children were still-born, and all premature. In two cases the placenta was removed before the child.

Nine were *cranial* presentations, in which delivery was effected with the *forceps*, in consequence of deficient space. Six children were saved, and three were still-born.

In one cranial presentation, in which space and the natural efforts were deficient, delivery was effected with the vectis. The child was still-born.

In one cranial presentation, delivery was effected by embryotomy, in consequence of failure of the natural efforts and want of space. It was the opinion of Dr. Scudamore and Mr. Crawford, as well as myself, that the child was dead before the operation. The mother has since given birth to several living children by the natural efforts, and without more than ordinary difficulty.

Five patients, subsequently to their labours, were affected with *puerperal fever.* The *first*, aged about 40, married, the mother of several children, was attacked, apparently from exposure to cold, on the tenth day after an easy labour, and died in four days. In the *second*, aged 20, married, a primipara, the disease showed itself on the third day, after a protracted and difficult labour, and terminated in recovery. The *third* patient, aged 39, married, and a primipara, was delivered by forceps. The placenta was retained by irregular contraction of the uterus. The disease shewed itself on the third day, and terminated fatally on the fifth day. The *fourth*, aged about 35, married, and the mother of several children, subject at the time to much domestic affliction, after an easy labour, was attacked on the fourth day, and the disease terminated fatally in two days. The *fifth*, aged about 35, married, and the mother of three children, living in a very unhealthy neighbourhood, was attacked on the sixth day; but, after a lingering convalescence, recovered.

One patient was attacked with *puerperal mania.* She was about 30 years of age, married, and the mother of two children. She had never shewn symptoms of mental derangement until this her third confinement. Her labour was natural and not difficult. There was no apparent cause, except a slight excess of lochial discharge. She was observed on the third day to have a dislike to her child, as well as to exhibit other morbid mental symptoms. The disease continued for six months, and terminated in complete recovery. She afterwards remained free from pregnancy for thirteen years, and at her next labour had no return of the disease.

One mother had an open cancer of the left breast at the time of her labour, and the other breast had previously been removed for the same disease. She recovered well from the effects of her labour, but died of the cancer about three months afterwards.

The following complications were observed among the living children:—

Breech presentations	18
Face presentations	9
Foot presentation	1
Shoulder or arm presentations	5
Forceps cases	6
Spina bifida: one living 4 and the other 6 weeks	2
Imperforate anus: operation on fourth day; death on eighth day	1
One finger and no thumb on each hand, and two toes on each foot. The mother had previously given birth to a child afflicted in the same manner	1
One leg only below the knee-joint	1
One nasal aperture only, and other considerable deformities about the face: died on second day	1

Of the still-born children,* there were—

Breech presentations	8

* With the exception of those in which instrumental aid was had recourse to, a very large proportion of the still-born children were dead before labour commenced. The notes made at the time, however, do not sufficiently record the exact numbers.

Face presentations	5
Foot or feet presentations	3
Shoulder or arm presentations	7
Protracted labour from rigidity: three delivered by the forceps, and one by the vectis	4
Placental presentations: all premature, and probably dead	6
Embryotomy: death during labour	1
Prolapsed funis: one certainly died before labour	2
Complicated birth: dropsy of the amnion; dead previously to commencement of labour	2
Hydrocephalus: one with spina bifida	8
Acephaloid	2
Premature: before the seventh month	19
Do. between the seventh and eighth months	20
Do. over the eighth month	2
Causes of death not recorded	7

Almost all the premature children were dead before the commencement of labour.

Of the twenty-five twin cases, there were—

Both males	cases	6
Both females	„	12
A male and a female	„	7

In four of the latter, the female was first born.

STATISTICS OF ONE THOUSAND CASES IN OBSTETRICS.

By I. Harrinson, Esq., F.R.C.S., Fellow of the Obstetrical Society.

[*Read before the Reading Pathological Society, August 17th*, 1859.]

In bringing before you the statistics of one thousand cases in obstetrics, my aim is not to confirm or controvert the opinions of others, nor to establish tenets opposed to reputed authorities. I shall reason from the materials, which my own tables supply, and not on arbitrary assumptions or conventional reticences, accept the methods or embrace the conclusions of established writers; nor shall I blindly adopt the formulæ founded on numerical data. My endeavour will be simply to collate and to examine my own cases, adducing occasionally the testimony of my friends; and from them to draw lessons, which may be neither destitute of interest nor barren of utility.

My own engagements only are tabulated; for it is evident that, were I to include cases seen in the practice of others, such introductions would spoil any product as to the mean and relative frequency of any particular class.

I have chosen a thousand cases on account of the numerical facilities which such a number affords.

Perfect accuracy of detail I have endeavoured to obtain; but when it is remembered that information has to be elicited from other and in some cases unwilling witnesses, we must be content with approximations to absolute truth. For example, ascertaining a lady's age is not always an easy matter; again, the duration of labour cannot often be exactly ascertained: when the question is asked, How long it is since labour began? the reply may be, some hours; a few days; or, in some extensive imaginations, "the last three or four weeks".

The poverty of correct obstetric statistics has been deplored by a late writer in the *Psychological Journal*, in an article on Puerperal Insanity. He says: "The medical attendant, in the majority cases, has no interest in keeping the statistics of his practice with any accuracy." If each member, however, of this Society has kept (and I trust he has) a record of his cases, then shall we be enabled to exhibit a combined experience, nearly equal to the entire recorded results of the Dublin Lying-in Hospital, amounting now to rather more than 60,000 cases. Let me express a hope that some heavy instalments from the treasury of this Society, rich in this material, may be speedily forthcoming.

Age. The following were the numbers of labours occurring at certain periods of five years.

Between 15 and 19 years	11	Between 35 and 39 years	192
Between 20 and 24 years	176	Between 40 and 44 years	80
Between 25 and 29 years	263	Between 45 and 49 years	9
Between 30 and 34 years	269		

The greatest proportion (above one-fourth) occurs between 30 and 34 years. The age of the oldest mother was 46; of the oldest father, 68; of the youngest mother, 16; of the youngest father, 16.

Months in the Year. The labours occurred in the following proportions in the several months.

January	93	April	67	July	82	October	89
February	68	May	97	August	76	November	91
March	85	June	78	September	82	December	92

November, December, and January, had more than any other three consecutive months. The smallest number occurred in April, and the largest in May.

Comparing the results of birth with those of conception, we have—

Months of birth.	Months of conception.		Months of birth.	Months of conception.	
January	April	93	July	October	82
February	May	68	August	November	76
March	June	85	September	December	82
April	July	67	October	January	89
May	August	97	November	February	91
June	September	78	December	March	92

Days of the Week. It was the opinion of the late Mr. Hooper of this town, that many more children were born in the early than in the later part of the week. The following table confirms this supposition. No doubt it is correct among certain classes, for reasons too obvious to be further insisted on.

Sunday	148	Thursday	155
Monday	158	Friday	105
Tuesday	150	Saturday	136
Wednesday	148		

Hours in the Day and Night. Classifying the labours according to the hours in which they occurred, we have the following result.

Hours.	No. of labours.	Hours.	No. of labours.
12 P.M. to 6 A.M.	270	12 A.M. to 6 P.M.	214
6 A.M. to 12 A.M.	268	6 P.M. to 12 P.M.	248

It is pretty well known that most labours occur in the night; but I was not prepared to find that the next greater number was from 6 to 12 in the morning.

State of the Moon. The following is an arrangement of the labours according to the state of the moon.

			Labours.
New Moon.	Day of change	43	236
	Remaining period	193	
First Quarter.	Day of first quarter	37	252
	Remaining period	215	
Full Moon.	Day of full moon	35	253
	Remaining period	218	
Last Quarter.	Day of last quarter	20	259
	Remaining period	239	

Has the moon anything to do with labours? "It is a prevalent opinion," says Dr. Lardner, "that births occur more frequently in the decline of the moon than in her increase. This opinion has been tested by comparing the number of births with the periods of the lunar phases; but the attention directed to statistics, as well in this country as abroad, will soon lead to the decision of this question."

The circumstance that gave rise in my mind to such an inquiry was, that our esteemed associate Mr. Workman, when in an extensive country practice, discovered that he was not only deprived of his rest, but also of the light of the luminary in question. The table confirms Mr. Workman's experience. I do not mean to decide whether, in my cases, the moon was a mistress or an agent, nor whether the conclusion is legitimate or the coincidences fortuitous. I do not mean to go in with the Greenlanders, "who imagine that the moon visits their wives now and then; that staring long at the full moon will make a maid pregnant." (Dr. Laycock.)

Perhaps there is sufficient in the subject to merit further inquiry; present results it would be equally unwise to build upon, and unjust to doubt.

Theory of Periods: Duration of Pregnancy. With regard to the former of these subjects, it may be well to say here, that I hold with the catamenial method of calculation. Notwithstanding this, however, I have adhered to the old method of counting and expression; viz., by calendar months, as being at present more convenient. A diligent look out has not afforded me one case where I could unmistakably reckon the

duration of pregnancy. The approximations have been towards 280 days.

I have no statistics bearing on Dr. Clay's opinion, that "the younger the parent, the shorter is the term of gestation."

The Number of Pregnancies is shewn in the subjoined table.

Pregnancy.	Labours.	Pregnancy.	Labours.
First	272	Eighth	44
Second	186	Ninth	27
Third	140	Tenth	20
Fourth	102	Eleventh	10
Fifth	82	Twelfth	5
Sixth	56	Thirteenth	5
Seventh	48	Fourteenth	3

The numbers from the first to the fourteenth diminish in a gradual ratio.

The Mean Duration of Labours in hours is shewn in the following table.

Number of Pregnancy.	Whole number.	Males.	Females.
1	11·62	11·10	12·14
2	6·08	6·32	5·88
3	5·88	6·22	5·53
4	4·90	5·02	4·78
5	6·03	6·93	4·94
6	5·15	5·66	4·46
7	6·02	7·54	4·78
8	5·91	6·06	5·64
9	5·46	3·78	6·80
10	6·40	10·75	4·02
11	6·23	5·40	7·06
12	11·40	16·	8·33
13	4·06	5·	3·82
14	4·33	5·	3·
Average..	7·36	7·55	7·17

The first thing the table shews is what was known to most of us to our cost; viz., that first labours are the longest—as long again as subsequent ones. Twelfth labours are apparently an exception; but this probably in the small number of five cases is quite accidental.

I did not expect to find that in first labours the girls were a little longer about than the boys.

Sex of Children. The 1000 labours produced 1010 children, ten being cases of twins; 504 males and 506 females.

Presentations. The presentations were as follows.

Face to Pubes	15	Arm	1
Face	2	Breech	26
Occiput (and Hand)	1	Feet	9
Head	834	Foot	3
Head and Hand	114	Knee	1
Head and Cord	3	Feet and Cord	2
Head and Foot	1		
Total Head and varieties	968	Total	42

It will be seen in what a majority the head with its varieties presented. I regret not to have noted in my early cases the presentations of the head in the second position. It has been noticed to be more tedious than the first position, for which the reasons are not very obvious. Having ascertained that the head presented, I have been content, and have not attempted that refinement of touch which it appears some possess, in immediately telling its position, when the tip of the finger can scarcely be introduced within the os uteri. I have judged the position of the child by its mode of exit; therefore, I am quite unable to deny or confirm the opinion of Nägele, that the third position merges into the second, and the fourth into the first; and to say whether the face to pubes presentations are the rule or the exception in the third position. I think it may safely be affirmed that the head may come down, in certain cases, in any position.

I cannot agree with Dr. Ramsbotham, when he says, speaking of the third and fourth (his fifth and sixth) positions: "These irregular positions of the head are frequent causes for the necessity of instrumental interference."

Division of Labours. The classification adopted is—

1. *Natural:* including all the varieties of head presentation and also premature labours.
2. *Lingering.* This probably would be better called one of the varieties of natural labour, from which it differs only in duration. I cannot class it among the difficult labours, as in the Dublin division; because tedious labours may not be difficult, nor difficult tedious.
3. *Preternatural:* Presentations of the breech and upper and lower extremities.
4. *Complicated:* Twins; presentation of funis; hæmorrhage; convulsions; etc.
5. *Instrumental:* Forceps; perforation; and induced labour.

The tables afford—

Natural	907	Preternatural	30
Lingering	15	Complicated	31
Instrumental	17		

Natural Labour. It might reasonably be supposed that in so very common an occurrence as natural labour there could be little difference of opinion either in the principles of the practice, or the practice of its peculiarities; yet how marvellous is the diversity, scarcely two practitioners agreeing in its management. I mean, not only in the management of those small matters which are—though these are by no means defined—usually considered necessary, but of others of more weighty import, which are either—if not unknown—unpractised, unheeded, or ignored. The great deficiency is in preliminary treatment. I fully agree with Dr. Tyler Smith, when he says: "Nothing will contribute more to the reduction of the dangers and mortality of obstetric practice than a careful attention to the disorders of pregnancy."

It would be foreign to my present purpose to enlarge on this subject now. On a future occasion, I hope to bring it before you in all its detail.

Lingering Labour.—Fifteen cases.

Number.	Age of mother.	No. of pregnancy.	Duration in hours.	Sex.	Presentation.
1	40	1	36	M.	Natural.
2	39	1	40	F.	Do.
3	32	9	26	F.	Do.
4	30	1	31	F.	Do.
5	25	3	26	M.	Do.
6	40	5	58	M.	Do.
7	39	8	35	M.	Do.
8	21	1	27	F.	Do.
9	41	12	29	M.	Do.
10	34	3	25	F.	Do.
11	34	1	28	F.	Do.
12	19	1	48	M.	Do.
13	21	2	30	M.	Do.
14	19	1	25	F.	Do.
15	25	1	36	F.	Do.

Arranging these lingering labours according to the number of pregnancies, we have—

With first child	8	With eighth child	1
With second child	1	With ninth child	1
With third child	2	With twelfth child	1
With fifth child	1		

According to the ages of the mothers, there were—

Age of mother.	No. of cases.
15 to 20	2
20 to 30	4
30 to 40	6
40 to 50	3

The mean age was 30¼ years; the mean duration of labour, 33 hours; and of first labours, not quite 34 hours. There were seven males and eight females. The mean duration of labour with the males was 38 hours; with the females, 30 hours. The presentations were all natural.

The tables shew that more than half were first labours, late in life, having a range of duration of from 25 to 58, and a mean of 33 hours. All the children were born alive. One mother died from causes in nowise connected with prolonged labour, but from erysipelas, unfortunately conveyed by myself.

The table does not bear out Dr. Simpson's axiom, "that labour is dangerous according to its duration." I shall have to recur to this subject presently.

Preternatural Labours.—Thirty cases.

No.	Age.	No. of child.	Duration of labour.	Sex.	Part presenting.	Child dead or alive.
			Hours.			
1	37	1	5	F.	Right hand and cord.	Dead.
2	37	2	5	F.	Breech.	Alive.
3	36	4	2¼	M.	Footling.	Dead.
4	35	10	6	F.	Left knee.	Alive.
5	30	8	10	M.	Feet.	7 months; dead.
6	36	6	2¼	M.	Breech.	Dead some days.
7	25	1	13½	M.	Breech.	Died in birth.
8	33	9	5	F.	Feet.	Died in birth.
9	28	1	21	F.	Breech.	Alive.
10	31	1	7	M.	Breech.	Alive.
11	26	2	6	M.	Breech.	Alive.
12	31	4	4	F.	Breech.	7 months; dead.
13	38	1	50	M.	Breech.	Dead some days.
14	27	3	24	M.	Breech.	Alive.
15	22	1	9	F.	Breech.	Alive.
16	31	5	12	M.	Foot.	Alive.
17	24	1	6	M.	Breech.	Alive.
18	27	5	13	M.	Breech.	7 months; dead.
19	32	5	5	F.	Breech and foot.	7 months; dead.
20	30	2	2	F.	Feet.	Alive.
21	19	2	6	F.	Feet and head.	7 months; dead.
22	33	3	6	M.	Breech.	8 months; dead.
23	28	1	30	M.	Breech.	Alive.
24	22	2	6	M.	Breech.	7 months; dead.
25	28	1	32	M.	Breech.	Alive.
26	39	5	12	F.	Breech.	Alive.
27	37	3	2	F.	Breech and feet.	Alive.
28	33	5	2¼	F.	Breech.	Dead; no scalp.
29	26	1	10½	F.	Breech.	Alive.
30	26	4	4	F.	Breech.	7 months; dead.

Further classifying these, we find the following results—

No. of pregnancy.	No. of cases.	No. of pregnancy.	No. of cases.
First	10	Sixth	1
Second	5	Eighth	1
Third	3	Ninth	1
Fourth	3	Tenth	1
Fifth	5		

There were 15 males, and 15 females.

The mean duration of labour was 10·3 hours: with the males, 14 hours; with the females, 6·6 hours.

Of the presentations, 22 were breech (two with feet): of these, 12 were alive and 10 dead; of the dead, two had been dead some days. Six were premature; five at seven, and one at eight months. Two died in the birth (one before I arrived).

There was one hand and cord presentation—child dead; and one knee—child alive. There were six footlings—two children alive, and four dead. Of the dead, two were premature (seven months), and two died in the birth.

The table does not include one dead breech presentation in "induced" instrumental cases.

One-third were first labours. The short mean duration of the labours, little more than ten hours, is worthy of notice. To lose a few children in these presentations by over much care for the mother, where there is such opportunity for rashness and for mischief, is pardonable. Only one case of arm-presentation in a thousand labours is a remarkably small proportion.

[*To be continued.*]

Introductory Lecture

DELIVERED AT THE

GROSVENOR PLACE SCHOOL OF MEDICINE,

OCTOBER 3RD, 1859.

By John Cockle, M.D., F.L.S., Licentiate of the Royal College of Physicians; Physician to the Royal Free Hospital; Lecturer on the Principles and Practice of Medicine at the above School; etc.

Gentlemen,—In undertaking the duty so kindly delegated to me by my colleagues, of delivering the introductory lecture of the present session, the first and main difficulty consists in the selection of a subject. I would address you in a manner befitting the time and the occasion, and so acquit myself, that your first impressions of medical life should be not only lasting, but useful and directing. I know that for a lecture like this, the latitude for the subject is so wide, and the choice so extensive, that I ought to incur no risk of vexing your ear "with a tale twice told." These very contingencies, however, become occasion of embarrassment by not sufficiently restricting the subject-matter. The permissible discursiveness in these annual orations appears to me frequently to entail obscurity by impairing that sharpness of outline which any discourse directed to the neophytes of our science should possess. As students, then, I address myself exclusively to your comprehension, caring far less for my language than my material.

To bestow upon a complex subject connectiveness and intelligibility, is all that, in the allotted time, I dare aspire to. And, even for this end, I must entreat your sustained attention; for medicine, beyond most other philosophical pursuits, is barred by difficulties. Its oracles yield no response to our surface questioning. No key of common temper will force the intricacies of the lock that guards the knowledge we desire. Constant reflection and untiring perseverance are the powers we must employ; powers, by the intermediation of which, science wrests from nature the "living truth."

With these views before me, I select for the subject of the lecture "The present and past Phases of Physic." Such an intention involves the consideration of the science of to-day, and the attempt to ascertain in what particulars it differs from that of the past. From our survey of these periods we may, perchance, obtain *data* to indicate the future phase of medicine—the phase to be presented to you when the day of your professional maturity shall have arrived.

Let us then, standing on the broad platform of our science, steadily contemplate the actual phases of medicine opening around: and ascertain their relative weight and value in the scientific balance. We shall find minds of unquestioned greatness vying with each other in the common object of extending the boundaries of our knowledge, and, though travelling by different routes, each hoping to bring medicine, more or less nearly, to its desired goal—positive science. Now, looking at these labourers in their respective positions, we find them dividing our science into five grand sections, passing by insensible degrees into each other, but all having distinct centres of inquiry.

The *first* of these divisions is working on the basis of a refined and elaborate *physiological pathology*. Its proposed object is, to solve the higher problems of organic life, and, by virtue of such solution, to deduce a general theory of disease, sufficient in extent and comprehension to embrace in the category each particular still requiring classification, and to infer, from such theory, a susceptibility of the system to given agents. In this sense, the school of physiological pathology considers its science the sole rational basis of therapeutic.

The *second division* includes those who, exercising their reason as to the *modus operandi* of morbific agents, superadd the use of such remedies as experience has affirmed to be fitting for the cure of diseases, whether general or particular. The doctrine upheld by this section may be styled *rational empiricism*.

The third division comprises those who, endeavouring to investigate the general laws of the causation of disease, irrespective of symptoms or particular treatment, aim at the removal of such causes by the strict enforcement of sanitary regulations; in other words, removing the community from the sphere of disease-producing influences. This sect is called *hygienic*.

The fourth section enumerates those who, though studying minutely the causes and symptoms of disease, trust mainly to the innate power of the organism to repair its injured mechanism. This school, the head quarters of which are in France and Germany, is attaining considerable prominence in the history of our epoch. They are known by the name of *expectants* or *naturists*.

The *last section* embraces those who distrust our actual therapeutics. It is not that they question the action of medicinal agents; for example, that jalap purges, tartar emetic vomits, or that opium narcotises; but they contend that, with our organs so delicately attuned, and, consequently, so liable to perturbing causes of such varied nature, it is impossible to erect a criterion; in other words, that we have no means of distinguishing the exact times and conditions under which such medicines can be successfully employed. Skoda, the distinguished head of the Vienna school, is the great representative of this class. To illustrate his doctrine, therefore, I cannot resist the opportunity of reading you a *résumé* from the pen of Dr. Gallavardin, a French physician, who recently visited his clinique. He observes: "That which essentially distinguishes the originality of Skoda from that of all the other clinical observers of Germany, is his scepticism. A doubter, so absolute, so fervent, has rarely, if ever, been seen in medicine; so that with the Germans, Skodism is synonymous with Pyrrhonism in physic. Every year, at his clinical lessons, he tries successively upon his twenty-eight patients, all the most vaunted medicines of the *Pharmacopœia*. And with what intention think you? Simply to convince his pupils that all these medicines are invariably inefficacious. If, by chance, a prompt and marked amelioration follows the employment of any treatment, he bestows all the honour upon the natural progress of the disease. For instance, a young and very robust man, 19 years of age, entered the Hospital on the 11th of May, for pneumonia of severe type. On the 13th and 14th, Skoda prescribed infusion of digitalis, which produced six evacuations daily. On the 15th, he bled. On the 16th, the pulse, which was 106 the preceding evening, had fallen to 66. To explain this prompt and obvious modification of the pulse, Skoda thus expressed himself: 'It may be the effect of the bleeding; such a result has occurred. It may be the effect of the digitalis; that has been also observed. But it may equally be considered as due to the natural progress of the disease; for that result has also been seen.' This is Skoda's habitual mode of argument, invariably indirect. In this manner he gradually insinuates doubt into the minds of his pupils, and eventually leads them to lose all practical faith." Such is an outline of the *sceptical* school.

The forces of modern medicine having been thus paraded before us, we may, to render the historic circle and the means of contrast more complete, look with advantage through the deep vista of the past, and see how far these various divisions were represented by the retainers of Æsculapius in the olden and mediæval times. I would lead you far away from the busy modern scientific world, to a period of two thousand five hundred years ago, where, in the smiling Cyclades, the fathers of medicine were cradled—Hippocrates greatest of them all. Anteceding even these remote times, medicine was held in unnatural thraldom by the speculative philosophers of the age. Hippocrates, dissevering this alliance, and placing medicine on an independent basis, established the first era in its history. He raised her children into a distinct profession; a priesthood having for its work the noblest ministrations and the most elevating studies. Now, Hippocrates, as the first cultivator of the pure science, can hardly be designated the ancient representative of any school; yet did he shadow forth in his profound philosophy some of the elements of the several sects we have delineated. The superstitions of his time, we may infer, prevented him from studying the anatomy of man in its healthy and diseased manifestations. Hence, in our modern acceptation of the term, he was neither anatomist, physiologist, nor pathologist. Still, in your onward career, you will find a pathology and physiology neither to be learned in the laboratory, nor excogitated in the study—a physiology and pathology based on the observation of the living man in health and disease. In this sense, he was profoundly versed in each science. Hence the physiological and pathological schools may claim and have claimed him as a master. He is remarkable for the boldness of his speculations concerning the various causes and essence of disease. Empedocles had taught that fire, air, earth, and water, were the first principles of things. Hippocrates converted these elements into the four cardinal humours—blood, phlegm, yellow and black bile; and speculatively assumed disease to result from the excess, defect, or commixture of these fluids. Thus originated the dogma of the *humoral pathology*, or, diseases of the fluids.

One school in medicine already alluded to, I mean that now termed hygienic, Hippocrates,—if we except the sanitary precepts of the inspired law-giver,—even founded. He investigated those relations which are maintained betwixt man and the outer universe. He was, in a large sense, cognizant of the external exciting causes of disease, and taught, practically, the importance of their removal. Never was sublime and exalted talent in hygienic science better shown than when, at the plague of Athens, by blocking up the openings in the mountains, through which the pestilential miasm was wafted by the winds upon the city, he stopped the further progress of disease. And, certainly, never could proffered golden crown adorn a nobler brow. With all this rationalism in his medicine, Hippocrates further blended a simply empirical system of treatment of disease; that is, adopting experience and observation as his guides. In this respect, he delineated what is, and always has been, for most part, the medical practice of daily life. To resume, he was not the eclectic of the present day, because he preceded systems; but he was the unequalled founder of what is called *rational empiricism*.

Soon after Hippocrates, a distinct sect sprung up in medicine, the representatives of which impugned the validity of the reasoning faculty in its inquiry concerning the occult causes and essence of disease. For they contended, that causes hidden and inaccessible to our senses, could not afford a basis for rational treatment. But, on the other hand, they maintained that the nature or essence of disease consisted in the aggregate of their appreciable phenomena or symptoms. They therefore adopted a system of pure *empiricism;* in other words, affirming that medicine was to be perfected by experience alone. Disregarding all physiological and pathological hypotheses, they placed their main trust on previous observation, as to the efficacy of particular remedies in particular diseases. Reasoning from analogy was only adopted when some new disease was first observed.

Suppose, for example, a disease occurred as yet undescribed by authors. Seek, argue this sect, either from your reading or your experience, what disease approximates most nearly to the one under consideration, and treat this latter by the remedy which succeeded in the former case. In the same manner, a remedy which cured a rheumatism of the leg might, arguing analogically, probably cure a rheumatism of the arm. Such was the doctrine of the sect originated by Acron of Agrigentum, and, subsequently, perfected by Serapion.

The next ancient sect which comes before us is known as the *methodic* sect, whose founder was Themison. Their doctrine requires some little elucidation. Epicurus, the Greek philosopher, refining upon Democritus, held that the universe was formed by the fortuitous concourse of atoms of various sizes. Asclepiades of Bithynia, applying this doctrine to physic, maintained that health or disease was produced by the want of relation of these atoms to the pores of the body. And now first sprang up the great rival theory—the pathology of the solids as opposed to the pathology of the fluids advocated by Hippocrates.

We meet with next, taking origin about the first century of the Christian era, the *pneumatic* sect founded by Athenæus. Its followers believed that an immaterial principle or *pneuma** pervaded the body; and that disease resulted from perturbations of this subtle essence. There are two points connected with this sect of much historical interest. First, as we shall subsequently see, this doctrine, under a new name, reappeared in medicine, and still remains under the term of vitalism; secondly, the pneumatics appear to have had a notion of the existence of some life-sustaining principle. It may be, that what we now recognise as oxygen gas was dimly foreshadowed by these ancient sectarians.

Following the thread of history, we arrive at an *eclectic* school, the great representatives of which were Archigenes, then Celsus, and later, perhaps, Galen. This school taught that which we shall subsequently enforce, viz., that a vein of truth ramifies through all these various sects; and that he will be most likely to act the best who, without bias, draws his knowledge from these fountain-heads.

From this period we find no special school in medicine until the time of the Arabian Avicenna, who, engrafting much

* The doctrine of the "Pneuma" differs but little from that of the "Nature" of Hippocrates.

clinical observation on the Galenical system, held divided sway with Galen himself for some centuries after. Approaching nearer the confines of our own time, we find in the sixteenth century, the birth-time of the great Reformation, a physiological phase developing itself. This phase has continued, undergoing, nevertheless, various modifications. It has developed itself now—in a chemical sense; now, taken an anatomical basis, and therewith a mechanical and mathematical type; again, it has shown itself linked with the idea of a separate essence or principle called life—vitalism. The phase to which I have alluded, originated in the labours of the chemical school; Paracelsus leading the way, followed by Sylvius de la Boë and our own learned Thomas Willis. From this crude state, the *chemico-physiological* school has undergone, through the labours of Mayow, Boyle, Black, Priestley, and others, various developmental changes down to the refined chemistry of the present day.

At the time that chemistry was thus lending her aid to medicine, modern anatomy sprang into existence at the bidding of Vesalius. The master-spirit breathed order and beauty into the cold, impassive form, and imparted a healthy impulse to a study which had, heretofore, been too generally regarded as unnatural and repulsive. The great Italian anatomists, Eustachius, Fabricius, Fallopius, Columbus, and Cæsalpinus, furthered this study, and laid, deeply in their science, the foundation-stones of that most important of all physiological discoveries—the circulation of the blood. This great discovery, made by a countryman of our own, whose immortal name has become a household world, imparted to medicine, in all its branches, a precision it had never before attained. Indeed, in the present day, Harvey's discovery plays the leading part in all the phenomena presented to our ordinary experience. The circulation of the blood, however, in its entire solution, owes a deep debt to the labours of Malpighi, who, in the year 1680, first demonstrated by the microscope the actual transit of the blood from the arteries into the veins by the mediation of the capillaries. Through this great original observation of Malpighi, and its corollaries, not only is the direct circuit made manifest, but various other more complicated facts connected with the circulation—namely, the circulation through the glandular system—has been the reward of the initial impulse he gave in this direction. Without him, indeed, the Harveian problem were not yet fully solved. The discovery of the circulation set also in action another department of physiological science, which may be called the Mechanical. It opened a boundless field of inquiry as to the movement of the blood and power of the impelling organs. The advocates of this study held, it may be, extreme views as to the mechanical forces of the organism; but, to this hour, the problems of the dynamics of the body remain under consideration; and, while we smile at the iatro-mathematical physiologists, as they are called, for many of their crudities, we have yet to follow them in most, if not all of their researches, before we comprehend the whole economy of being. The chiefs of this school, Borelli, Baglivi, and Boerhaave, may be said to have revived the ancient doctrines of Asclepiades and Themison.

While the physiological school was yet busy with the chemical theories of Paracelsus and his followers, as also with the mechanical views and their advocates, the old doctrine of the pneumatics underwent revival. This, under a new name, was termed *vitalism*. We may regard Van Helmont as the man who reproduced this long lost view. Accepting his hypothesis of a distinct essence or principle pervading the body, and substituting for *pneuma* or *archæus* the term vital, we have the origin of a theory which, through Stahl, Barthez, and John Hunter, still remains, sometimes perplexing us by its subtleness, at others becoming ancillary to our appreciation of abstruse phenomena; but still, like some other vague interpretation of Nature, awaiting inclusion under a more comprehensive formula, and promising to him who shall translate the meaning aright, indeed, an immortality of fame.

Almost in juxtaposition with these revivals of ideas originating in the past, there appeared, contemporaneously with Harvey, the greatest exponent of the rational empiricism of Hippocrates—Sydenham. Thoroughly, indeed, did this English Hippocrates enter into the spirit of his great master. In truth, the parallel between the two is nearly perfect. Both rescued medicine from the subtleties of the schools; both sought to lead her back once again to the path of pure observation; both were unversed in the collateral branches of their art; both bestowed unbounded attention upon those atmospherical and general phenomena which play so important a part in the etiology or causation of diseases, especially those of an epidemic type; both simplified the science of therapeutics; both adopted the doctrines of the humoral pathology; but, if I dare criticise these great Coryphæi of our art, both were as unsound in their speculative reveries as they were true to nature by their matchless power of observation.

Before we finally leave this truly eventful epoch of Harvey and Sydenham, we faintly trace in the horizon of medicine the advent of another science, which has to the present day continued with never-ceasing progression, and now stands forth in boldest relief: I mean the science of pathological anatomy. Its father was Benevenius, whose labours really belong to the fifteenth century. It received its second birth in the voluminous compilation of Bonetus, another of the Italian school. A third impulse was given by Harvey himself, as evidenced in the Introduction to his works, and in his frequent reference to those Medical Observations which never yet have seen the light, and which, I fear, we may now consider lost for ever. The note, thus for the third time struck, roused into full play the marvellous energies of Morgagni, whose researches into the *Seat and Causes of Disease* will ever remain a monument to his genius and his fame.

I have but to refer to one other phase of medicine in our onward progress; it has been before alluded to, as the hygienic or sanitary. As a developed science, hygiene is, strictly speaking, of modern origin, with its restorers and masters living among us. I shall defer any further remarks respecting it for the moment, simply observing here, that its tendencies, if not the most immediate, are among the most important, and replete with promise.

Thus, then, we have reviewed both present and past in a brief, but, as far as time permits, comprehensive retrospect. If we have read aright the page of the historic past, we learn that all modern systems take deep root there; and we are, moreover, taught the lesson that much that we deem novel in our doctrines and our practice is but the after-growth of such root—is but the reappearance of old sectarians on the stage, although in modern garb. We now return to our starting-point. The links of the chain are, thus far, complete. Amid all this confusion and seeming perplexity, you want some clue to guide you—some "fortunate word whispered by which the riddle is read". Indeed, to you the answer is all important, with respect to the relative value of these systems as influencing practice. I am not insensible to the weight of my position as your Mentor for the hour, and can only hope that my ability may keep pace with my desire to guide you right. I know that one chord, falsely struck, may vibrate painfully through life; one wrong bias to the now pliant mind may so distort the mental vision, that years of toil may not redeem the wrong. The true amount of good to be obtained from the survey, is conditioned upon our correct appreciation of these various doctrines, in their theoretical and practical bearings. I shall assume that the majority of learners here intend to follow out medicine in its entirety, as a science.

I would, therefore, suggest *in limine* that, the broader the basis of your study, the more expanded will your philosophy eventually become. Some time ago we left eclecticism, with the promise to return to its consideration. It is, perhaps, hardly to be called a system, being rather the expression of the tendency to a critical selection from other sections of their most useful parts, and to blend them into one harmonious whole. With such a definition of our term, and in such a spirit, let us see what parts of scientific knowledge the eclectic should select. It is clear that he should study anatomy; for from this source he learns the whole physical structure of the organism, and bases his knowledge as to those higher laws by which that organism "lives, moves, and has its being". He appreciates anatomy in its most refined development; he recognises it as an exact and positive science. It is, again, obvious that the eclectic will study physiology; for this science aspires to a knowledge of the functions of organic being, and to expound the laws by which such functions are governed. In pure theory, indeed, as we have seen physiology associated with pathology assumes the possibility of absolute pathological knowledge; that is to say, it assumes that, the nature of disease being known, the therapeutical indication follows as a natural corollary. In as far as this science can make good this bold pretension, it is to be diligently pursued. Let me first point out to you, briefly, what it has done with reference to the determination of the actual seat of disease, before I arraign its capacity to act as an arbiter in deducing the principle of cure. I will first mention three experimental facts, giving them all the prominence they demand.

There is a disease called diabetes, of the source of which, whether general or special, ten years ago, there was no direct knowledge. The researches of Bernard have shown, now, that this disease can be produced, temporarily, by simple experiment, namely, puncturing the medulla. There is another disease called epilepsy. Till now, we knew of no direct means by which this disease could be developed; but we have knowledge, from the experiments of Brown-Séquard, that a permanent epilepsy may be produced by a given division of the spinal cord. A few months since, we had no proof that a well known disease, endocarditis, with its specific physical signs, could be induced by experiment. Dr. Richardson has shown how lactic acid, injected into the peritoneal sac, has produced the result stated. In like manner, but not so determinately, in relation to known disease, Galen in his time proved that division of the recurrent nerve would produce aphonia; and Sir Charles Bell showed that division of different roots of the spinal cord would cause paralysis of motion or sensation. Now, these and other experimental inquiries in physiology and pathology are, in a sense, of high importance. They show what this mode of inquiry is capable of effecting; and they open to you, who will one day enter the arena of scientific debate, what is of particular interest to inquiring minds; for there are yet the diseases, tetanus, hydrophobia, chorea, and many others, still open to the same lines of research.

Having thus far laid before you the pretensions of Physiological Pathology to localise disease by experiment, I next proceed to inquire, and I hope impartially, how far, having thus ascertained, to some extent, the nature of disease, this science can and does infer the method of the cure. One of the latest examples of such an attempt was afforded by a distinguished English physiologist lately deceased—tracheotomy for epileptic seizure. But experience has not shown that the suggestion is likely to prove either generally applicable or successful. So far this school has gone. Its inquiries, however, have not yet reflected any steady light on therapeutic science. Should the latter term, taken in its very widest sense, demand some qualification of the proposition, it would be with respect to some few of the operations of surgery. But you will not, I am sure, Gentlemen, suspect me of any disposition to underestimate the excellence of that important branch of study just named, physiological pathology. The *quotum* it has contributed to the ever widening stream of knowledge is, we all admit, immense. But I urge of you not to lose sight of the true fields of the respective sciences, and to bear in mind that none can transcend its limits with logical impunity. The final aim and end of medicine is the cure of disease. The gulf between physiological pathology and therapeutics must be bridged over by clinical observation and experiment; that is to say, by what is known as "rational empiricism". Simple knowledge of the nature of disease can no more, of itself, suggest the remedy, than can a knowledge of the nature of the rocks and mountains thrown up by voleanic agency suggest the mechanical means by which these may be removed, and the barren spot restored to its primeval freshness. Let us test the truth of what I here advance, by selecting a few of the best known and homeliest illustrations.

Look to the history of the virtues of cinchona bark. The untutored Indian, chance-directed to the healing stream, into which cinchona bark had been driven by the winds, found that the stream that slaked his thirst achieved his cure. And this, to him, was all sufficient. Some reasoning Jesuit traced the pregnant sequence, and added to our therapeutic treasury cinchona bark, one of its richest, most invaluable gifts. Since that poor Indian lived, how many pages have been written, both on the nature of the fever, and the action of the bark! But, I would ask, whether all this co-called knowledge has afforded one single element of explanation of the simple formula—*bark cures intermittent fever?*

Take another illustration. A thousand years ago, the Arabian Rhazes described the pathology of small-pox so accurately, that, even now, after this lapse of ages, it scarcely requires retouching. Barely half a century ago, the protective power of vaccination was discovered. Was this a deduction from the known pathology of the disease? I will not libel your historical knowledge by pausing for a reply. A country milkmaid, living in some remote district, where small-pox frequently raged in all its fearful intensity, learned from simple observation that, if from the udder of the cow, a certain pustule were produced upon the hand, immunity was given from disease. No observation could be more simply empirical than this. The fact in all its simplicity, was related to one of our greatest observers. Jenner's intuitive sagacity saw the deep import of the tale. He followed out the experiment in all its simple grandeur, verified it on the largest scale, and bequeathed to suffering humanity, for all coming time, one of its greatest blessings.

There is a disease called bronchocele, vernacularly *goitre*, or enlargement of the thyroid gland; the cure of which was again discovered by simple observation of the purest kind, though the history is less generally known. It was found that burnt sponge cured the disease; and although more recent researches have shown that the virtue of the sponge was in proportion to the amount of iodine it contained, still the fact is in no way changed, and another practical truth is thus added by simple observation to practical medicine.

I must not dwell on more examples; these sufficiently establish the fact that the remedy here was not deduced from the nature of the disease.

I have now, I trust, more than verified the proposition that clinical experiment is still the most valuable source on which to base the healing art, especially when combined with that rational diagnosis which the sciences named, and that of pathological anatomy, supply. To avoid a cumbrous terminology, I have included the schools of pathological anatomy and physiology; but the above criticism applies with equal force to pure pathological anatomy. The proximate cause of disease may be, and has been, ascertained with the utmost precision by the labours of this distinguished school, and rational diagnosis has been further perfected, but an equal sterility exists with regard to therapeutic indications.

Once more, as eclecticism abstracts all that is useful, so from the hygienics must it select a wreath. It would be disingenuous to ignore the fact that this sect presents a front as practical as it is imposing. The prophylaxis or preventive treatment of disease has been ever held in the highest estimation as a branch of the healing art; indeed, is popularly considered even better than the cure. When we ponder over the dreadful effects of the almost total neglect of sanitary regulations in the middle ages, when governments, in their almost instinctive desire to hold fast, or extend, dominions gained, bestowed no thought upon the public health; when we further reflect that, the only spark which glimmered in these dark times, was from the imperfect hygiene contained in the health maxims of the school of Salerno;—in the name of humanity, we hail the coming light. Were I required to select one grand illustration of what its more modern followers have achieved by their persevering industry, and show how nearly they have surpassed almost any other set of observers, I would point to the history of jail-fever in England, the records of which have been recently most carefully penned by my colleague Dr. Webb. This disease, a form of typhus, once infested every prison in this country, as well as abroad. The judge in his ermine, the advocate in his robe, down even to the juryman in the box, sought in vain, by power of mystic rue, to exorcise death. No medicine brought the wished for cure. The pioneers of sanitary science, led by the intrepid Howard, traced out the cause, and showed the value of the admission of pure air. By a means so simple, yet, in results, so prolific, this moral Hercules cleansed these worse than Augean stables. Thus, by one blow, not only did he free our native isle from a hydra-headed pest, but permitted even nations to sleep on in safety.

From the expectant school, the eclectic may largely draw, provided he correctly appreciate its teachings. It has been, perhaps, the fault of the sect that they have generalised too vaguely, and carried their doctrine out of the sphere of its true utility. I do not think it can be disputed for a moment that there are diseases which terminate, when uncomplicated, by a natural process of recovery. This class includes the pyrexiæ and febrile exanthemata, or, as they are designated in modern phraseology, zymotic diseases. I select another example as a curiosity in our medical literature. But a few months ago, the greatest violence would have been done to our opinions, hallowed as they were by the experience of ages, by the supposition that sthenic pneumonia could have been put *hors de combat* unless at the point of the lancet. Look at the result which follows our less heated notions of the nature of inflammation. It is now most conclusively proved that pneumonia of moderate intensity, attacking persons of unimpaired constitution, runs a course as definite and cyclical as the exanthemata, and almost invariably terminates in recovery. Indeed, Professor Dietl, of Cracow, one of the great heads of the expectant school, asserts that pneumonia, treated by bloodletting, is more frequently fatal than when this remedy is omitted. I would also add pleurisy, and even pericarditis: for Bamberger, the most recent

and trustworthy writer on diseases of the heart, affirms that of twenty cases of pericarditis, among which seventeen resulted from acute rheumatism, not one terminated fatally. Even when this disease complicates pneumonia and pleuritis, the prognosis, according to the same authority, is also favourable.* It is mostly when pericarditis is associated with otherwise incurable disease that it accelerates the fatal termination. If diseases so important as these pursue their cycles without destroying the organism they invade, may we not fairly infer that as our knowledge of the natural history of disease advances, many others may claim the right of insertion in the list? It is self-evident that, in so far as correct observation can adduce the fact that a disease exhibits the tendency to spontaneous recovery, so is it the duty of the practitioner to permit that disease to abate by the natural process; in fine, to avoid as much as possible the reproach of the *nimia diligentia medici*. Within the limits here prescribed, the practitioner will act most rationally in trusting to the expectant plan. But now the analogy fails; for some diseases tend as naturally to death as these to resolution, so that the *vis medicatrix naturæ*, as an abstract dogma, holds no sound place in medicine. Among these may be enumerated constitutional cancer, hydrophobia, tetanus, rupture of the heart and great vessels, and other diseases your reflection may supply. In these, expectant treatment, of necessity, fails.

Here the physician must be not only the *minister*, but the *magister naturæ*; in short, he must, as far as experience can guide, avert what may at present be considered a natural tendency to dissolution.

With one exception, our examination of modern sects is finished.

The remaining sect is the sceptical, respecting which I would only add that we have seen it, in principle, a simple abnegation of the efficiency of therapeutic agents. As a system it stands out, cold, cheerless, and hopeless. I would not press it into eclecticism, since, by weakening our faith, it paralyses our action. Indeed, we thoroughly concur in the sentiment of Cabanis, that for the successful practice of medicine there must be annexed the belief in its value as a science.

Although you have, in eclectic spirit, laid each system under heavy contribution, I must still impress upon you that you must ever draw your largest and trustworthiest supplies from the rich mine of simple clinical observation—a mine in which Hippocrates and Sydenham both have toiled, nor toiled in vain; for they have left for our guidance, extracts from the book of nature, which Time, with all its mutations of opinion, can never change.

But, in enlisting you into eclectic ranks, I refer, not to that pseudo-eclecticism that, as it were, mechanically and without reserve, selects the latest theory, but that, the premises of which, challenged by your intellect, is made your own by right of mental conquest. For pure indeed must that system eventually become which ever tends, by the application of a severe logic, to eliminate the false. With this admixture, visionary were the attempt to erect true science—Sisyphus-like, we raise the stone in vain.

Be you, then, eclectics in this, the wider, better sense—ever ready to disarm prejudice at the altar of principle.

Thus far, gentlemen, our wanderings have gone; at times in many a devious track; now o'er quicksands; now through mists of error; but ever and anon discerning in the far distance, reposing on her adamantine basis, the glorious image of Truth, inviting the purified and chastened votary to lift the veil that but imperfectly shrouds the effulgence of her face.

Gentlemen, I conclude with this exhortation to you—Lift the veil.

* With reference to this result obtained by Bamberger, it may be interesting to mention that the sharp-sighted Galen had arrived at a similar conclusion. He expressly states: "Uncomplicated affections of the pericardium, and other analogous structures, destined to protect important organs, are unattended, generally, by dangerous results."

Cholera at Bruges. Towards the beginning of last month, warnings were given of the presence of cholera, which has since progressed with alarming strides. The ordinary mortality of the town is two or three daily, but for some time past it has averaged from twenty to thirty; and on the 5th inst., we learn, on official authority, that it reached the unprecedented number of forty, or at the rate of 280 a week. The population of Bruges consists of 50,000 souls; so that, having regard to the difference of numbers, this is equal to a mortality in London of 15,000 to 16,000 weekly.

Transactions of Branches.

BATH AND BRISTOL BRANCH

CASE OF ANGINA PECTORIS.

By Frederick Mason, Esq. Bath.

[*Read September 22nd, 1859.*]

From my having seen the subject of the following case of angina pectoris but once professionally during life, and that when free from pain, and apparently in health, the history is necessarily short and incomplete, and although Heberden, in his commentaries, says that he "saw nearly a hundred people under this disorder," yet angina is comparatively a rare disease, and very few cases fall under the observation of any one of us; and although various theories have been advanced, yet more extensive inquiry appears to be necessary before we shall be able to define positively its true pathology.

I have therefore thought that this case would not be altogether devoid of interest to this meeting.

Mr. G. B., a house painter and decorator, aged 53, had, until about fifteen months ago, enjoyed good health. On Thursday, the 14th July, as I was passing his house, he called me in. He told me that for some time past he had suffered from occasional attacks of pain in the chest, with great difficulty of breathing, and a sensation as if he were about to die. This generally came on if he attempted to walk up hill, more especially after taking a meal. He sometimes endeavoured to get rid of it by persisting in walking; but this always made him worse, and he was compelled to stop. He had frequently spoken to medical men when he met them in the street, but had never placed himself under treatment. He now wished to know whether it arose from indigestion. He described the pain as commencing behind the lower portion of the sternum, passing round the chest, producing a sensation of constriction, and down the nerves of Wrisberg of both arms, to the elbows. There were no physical signs of disease of the lungs or heart, with the exception of weakened impulse of the latter organ.

On Saturday evening, July 16th, a gentleman called to see him upon business. He was then suffering from a paroxysm of pain. He begged to be excused for a few moments, saying that he should soon be better. This attack never entirely left him. He went to bed, but was restless throughout the night, and complained towards morning that he did not get relief as he usually had done. About six, A.M., he was seized with another paroxysm. I was sent for, and was with him in a quarter of an hour; but he was dead.

I made a *post mortem* examination twenty-four hours after death.

During life, although stout, he did not appear to be remarkably so; but on making an incision through the skin, we were surprised at the large deposit of fat; and this was so great in the omentum, mesentery, etc., that I had great difficulty in dissecting out the stomach. This organ contained nothing but a very small quantity of fluid, the mucous membrane was congested, more especially at the pyloric end. The other contents of the abdomen were healthy. The lungs were healthy, and the pleura quite free from any adhesion. There was about one ounce of fluid in the pericardium. The heart was of natural size, but surrounded with a layer of fat, which was also interspersed throughout its structure. I did not make a microscopic examination. The valves were healthy, and there was no appearance of disease, excepting in the coronary arteries, which were both converted into rigid tubes, and the inner surfaces of both were rendered very irregular and rough by atheromatous deposit.

Discussion. Dr. Davies considered that angina always arises from malnutrition of the walls of the heart, more especially from diseased arteries.

Dr. Davey imagined that the disease consists essentially of cessation of the action of the heart. Whence does this organ derive its power to act? From the nerves arising from cardiac ganglia. It is here, then, that we must look for the cause of the disease.

Mr. Jennings had observed angina pectoris frequently connected with acute rheumatism.

Dr. Fox believed that angina seldom or never occurred without some structural lesion; but that at present the examination of the heart was not complete without the assistance of the microscope.

Mr. Spender remarked that Dr. Latham adopted the doctrine that angina depends upon spasm of the heart; arguing in favour of the doctrine from the phenomena attending colic and cramp. But Dr. Stokes points out some considerations which militate against this view, and says that it is difficult to understand how such a general or local spasm could occur as would only impede, and not destroy, the function of the organ. Dr. Stokes advocates Parry's doctrine that the symptoms of angina arise from a temporary increase of weakness in an organ already weakened; the disease being, according to him, an example of syncope, the result of some organic lesion which acts in diminishing its energy; and he holds that the symptoms arise from the retardation and accumulation of blood in the cavities of the organ.

Dr. Herapath gave the history of a case, when a gentleman, who had been liable to attacks of pain and distress in the region of the heart, fell back dead, after an ineffectual attempt to rise from bed. After the most careful examinations, no disease of the heart could be discovered. The coronary arteries were healthy; the left ventricle was closely contracted, and empty. No other cause of death than angina could be suggested.

Reviews and Notices.

On the Diseases and Injuries of the Joints: Clinical and Pathological Observations. By Thomas Bryant, F.R.C.S., Assistant-Surgeon, Surgical Registrar, and Lecturer upon Operative Surgery at Guy's Hospital. Pp. 273. London: Churchill. 1859.

This little work, Mr. Bryant informs us, is not to be regarded as a complete treatise upon the diseases and injuries of joints, but simply as the record of much personal investigation and of some experience. Notwithstanding this modest declaration, we imagine the readers of the book will derive from it at least as much instruction as is often to be found in more bulky volumes. On a subject which has been so well elaborated, it is not to be expected that any man will have much original matter to bring forward. Mr. Bryant, however, is already known to the profession as an able investigator of the pathology of the joints; and, in the present treatise, we have the results of the opportunities which have been afforded to him in the wards of Guy's Hospital put together in so complete and readable a form, that whoever makes himself master of the contents of the book will have no reason to be ashamed of his theoretical knowledge of joint-disease—nor of his practical knowledge either, so far as reading can impart it. In order to have a complete practical knowledge, he must do as Mr. Bryant has done, as well as read his book.

The work is divided into two parts. The first part contains twelve chapters on Diseases of the Joints; and in the second part are twelve chapters on Injuries of the Joints. The author devotes one chapter to the consideration of the question of Amputation or Excision in cases of diseased joint. The following extract draws attention to an important point to be considered when the choice between the two operations has to be decided on.

"When we approach the consideration of the operation of excision as applied to the joints of the lower extremity, we find that the different purposes for which they were formed render the value of the joint or limb considerably less. The value of a hand is so great that almost all risks are worth running if a chance of saving it can be entertained; it is the one great instrument of an intellectual being, and without it the benefit of that intellect must be materially diminished; it has a psychical relation to its owner which marks its own peculiar value. With the lower extremities a different condition naturally exists; they are simply pillars of support, and are purely mechanical powers of progression. Doubtless they are far above all others in their value and perfection, still they can be dispensed with without entailing such a loss to their owner as is experienced by the loss of an upper extremity. The risks that are worth running to preserve an upper extremity become then comparatively less justifiable when run to preserve a lower; exactly in the same proportion as the arm or hand is of greater value than the leg. If then by the operation of excision of the knee-joint the dangers to life are greater than in amputation, and as the advantages gained by preserving the limb are not so great as to cover this extra risk, the propriety of selecting amputation cannot be questioned. I do not doubt that there are select cases where excision of the knee-joint may be most advantageously employed, as there have been many excellent examples to prove; but I do not believe that the operation will supersede amputation and be employed as a substitute." (Pp. 141-42.)

LETTERS AND COMMUNICATIONS.

Letters or communications for the Journal should be addressed to Dr. Wynter, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the Journal, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, OCTOBER 29th, 1859.

DRINK AND DISEASE.

The fearful practice of intemperance among our working classes has been the theme of comment by more than one social reformer. Only the other day, Lord Brougham, at Bradford, alluded to the subject, and spoke in favour of the introduction of the Maine liquor-law. Mr. Hill, the recorder of Birmingham, on Monday last, lamented the fact that an increase of wages was synonymous with an increase of intemperance in the manufacturing districts.

No doubt intoxication is the prevalent vice of the British workman at the present moment; and our social reformers do well to drag the fact prominently to light. At the same time, it strikes us that we are a little unnecessarily severe upon the lower classes on this head. The upper and middle classes should remember that they are themselves only reformed drunkards of a very recent date. Fifty or sixty years ago, the lord, and the squire, and the tradesmen, were far more debased in the habits of intemperance than the working man of the present time; and with far less excuse, for the simple reason that there was not the same temptation in their way. Here is an anecdote related as coming from Mr. Mackenzie, the author of *The Man of Feeling*, which paints in a vivid manner the deliberate drinking habits of our northern friends.

"Mackenzie had been involved in a regular drinking party, and was keeping as free from the usual excesses as he was able, when, as he marked companions around him falling victims to the power of drink, his attention was called to a small pair of hands that were working at his throat. On asking what it was, a voice replied, 'Sir, I'm the lad that's to louse the neckcloths.' To such an extent were the guests liable to become helpless, and such was the risk of apoplexy or suffocation from their inability to untie their cravats, that it was the appointed duty of one of the household in this instance to perform this office for the protection of their jugulars."

We think it would be very difficult to match this extraordinary anecdote bearing upon the systematic manner in which our fathers made beasts of themselves, with anything we know respecting the present drinking habits of even the most depraved of the population.

Such as these habits are, we are afraid the upper classes must take the full credit of having encouraged them by their own example; and we can with as little grace and justice scold the working classes on this account, as we could for following

the fashion of our garments, or for imitating any other of our foibles or customs. Nevertheless, it is a great fact that drink is the bane of our lower, as it was only half a century ago of our upper classes; and, important as the bearing of this bad habit is upon the whole community, there can be little doubt that its bearing upon medicine and medical men is still more immediate and worthy of attention. That a very large percentage of the patients who are attended gratuitously by medical men have been reduced to ill health directly by drink, the records of cases in our hospitals and dispensaries clearly show. In addition to this dismal troop, we must also reckon the innocent victims of their vice—their wives and children—the scrofulous and ricketty apparitions we meet with in crowds in the waiting-rooms of our medical charities. The demon of drink brings all these victims to our doors. Our time is to a large extent taken up in ministering to their afflictions, brought on or induced by this dreadful habit. In a pecuniary sense, then, the medical profession are the largest sufferers by the drunken habits of their countrymen; and any scheme which will tend to correct the vice must be hailed by it with satisfaction.

We question, however, very much whether our reformers have touched or will touch the evil by any of the propositions which they have yet brought forward. That a Maine Liquor-Law will ever be carried in England, we do not believe; and that the taps of our "Red Lions" and "Admiral Rodneys" will be emptied by the superior attractions of our mechanics' institutes, or by penny book-clubs, is a matter concerning which we are very sceptical. All such blows are aimed over the heads of our gross and rather sensual Anglo-Saxon labourers, at least of the present age. We do believe, however, in the gradual progress of society, and the slow influence of the example of the better classes upon those brought immediately into contact with them; and by this subtle power we do trust that in time to come the working man will emancipate himself, as the classes above him have emancipated themselves, from this degrading habit.

There is a medical as well as a moral aspect, however, to this very important question. The discussion which has been so long going on, as to whether the type of disease has changed of late years, may possibly receive some light from a consideration of the changes which have taken place in the drinking habits of the country. Those who contend that their patients cannot bear bleeding as they used to do, find their experience principally among patients in the middle walks of life. It may perhaps be asked, Do we not owe the less inflammatory nature of our diseases among these classes to the increased temperance to be found among them? We have been given to understand that those among the working classes whose business induces very immoderate drinking, are still subject to disorders of a highly inflammatory type. Brewers' draymen, publicans, potboys, are examples in this category. That their length of life is far below the average of the class to which they belong, is undoubted; and their exceptional mortality, and the manner of it, certainly lend countenance to our suggestion, that the middle classes, at least, suffer under less inflammatory diseases of late years than of old—for the one reason, perhaps, among others, that they are far more temperate.

THE WEEK.

On the 22nd instant, the Royal College of Physicians of London presented a very animated appearance, as the list of candidates proposed by the Council for election to the Fellowship was presented for acceptance to the Fellows assembled in *Comitia Majora*, and it was anticipated that there would be a very spirited discussion. As it proved, however, the old list, which was referred back at the last meeting, was again brought forward, and received, with the exception of a few names: together with a new list, which is understood to contain a liberal selection of names, and which we have no doubt will meet with the approbation of the profession.

A paragraph recently appeared in the *Court Journal*, and has this week gone the round of the daily papers, to the effect that our worthy asaociate, Sir James Clark, had retired from his office of personal physician in daily attendance on the Queen, and had been succeeded by Dr. Baly. In making the announcement, the *Court Journal* gave the following sketch of the career of Sir James Clark in his connection with royalty.

"Sir James was appointed physician in ordinary to Her Royal Highness the Duchess of Kent, on the death of Dr. Maton, some twenty-seven years ago, and has therefore had charge of the health of the Queen from her girlhood. Since Her Majesty's accession, Sir James has been in daily attendance, accompanying the court to Windsor, Osborne, and Balmoral, and regularly travelling with Her Majesty in her trips to Ireland, Belgium, France, and Prussia, and also when taking her marine excursions in the royal yacht. Although at the births of the royal children the professional assistance of Dr. Locock was called in, yet the Queen was always considered to be in the care of her own personal physician up to the moment when Dr. Locock's professional services were indispensable, and Sir James always signed the official bulletins first. In addition to his post in the household of the Queen, Sir James was also attached to that of the Prince Consort and the Duchess of Kent, and has had the sole medical direction of the health of the royal children. The loss, therefore, of so old and confidential a family medical adviser is much felt by the Royal family; but some few years ago Sir James had a severe attack of illness, and advancing age has induced him to retire from his constant daily attendance at the palace. Sir James Clark is succeeded in his important duties by Dr. Baly, who has been gradually initiated in the routine of his duties by the retiring baronet. For this purpose Dr. Baly was in attendance at Osborne this summer, and again joined the suite of Her Majesty at Balmoral, where Sir James was also on duty."

Since the appearance of the above, it has been stated in one of the daily papers that the announcement relative to Sir James Clark's retirement is incorrect.

It has transpired that Dr. J. A. Lawrie, Professor of Surgery in the University of Glasgow, has resigned his chair in consequence of bad health. Many qualified candidates are reported to have already made application for the post to the Home Secretary. Mr. Lister, son-in-law of Professor Syme, divides, it is said, the Edinburgh Whig interest with Mr. Edwards, who is supported by Professor Simpson. Dr. McLeod, a brother of the Rev. Norman McLeod of Barony Parish, and Lecturer on Military Surgery in the Andersonian University, has a strong party in his favour; and Mr. Lyon, also of the Andersonian school, has likewise zealous friends.

Association Intelligence.

BATH AND BRISTOL BRANCH.

MEDICAL REGISTRATION.

At the last Ordinary Meeting of this Society, it was resolved—"That it is desirable that a General Meeting of the profession of this district be called, to take into consideration the propriety of forming a Local Medical Registration Society, for looking after the general welfare of the profession."

In accordance with the above resolution, a meeting will be held at the Institution, Park Street, Bristol, on Thursday, November 10th, at 3 o'clock P.M.

Crosby Leonard, R. S. Fowler, } *Hon. Secs.*

October 20th, 1859.

DIPHTHERIA.

At the last Quarterly Meeting of the Bath and Bristol Branch, it was resolved that an inquiry should be set on foot with reference to diphtheria. Dr. William Davies, of Bath, will be obliged by answers to the following queries: the replies being numbered according to the questions.

1. Number of cases, ; age, ; sex, ; and general condition of patients.—2. Condition of throat, especially as regards the presence of false membrane, etc.—3. Mode of treatment; local and general.—4. Number of deaths.—5. Cause of death in fatal cases.—6. *Post mortem* appearances.—7. General remarks.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, October 24th, 1859.

Edward Smith, M.D., LL.B., in the Chair.

By a recent regulation of the Medical Society, at every third meeting no paper is read, but the evening is devoted to the discussion of such practical observations as may be brought forward by any member.

CLINICAL OBSERVATIONS.

Fluid from a Hydrocele, containing a large amount of Cholesterine. Mr. Canton exhibited some serum which he had removed from a hydrocele, and which contained a large quantity of cholesterine. It was taken from the tunica vaginalis of a man aged 64. He was otherwise in fair health; was in active walking employment, a thin spare man, with good appetite and good pulse. He was operated on for hydrocele twice, at the interval of twelve months; and on each occasion the fluid contained cholesterine in sufficient quantity to render it turbid. Cholesterine was sometimes found in the fluid of hydrocele; but, the author believed, in much smaller quantity than in the specimen exhibited.

Mr. Bryant said that it was not at all uncommon to find in the hydroceles of old men even more cholesterine than in the specimen exhibited by Mr. Canton. He had sometimes seen the fluid rendered quite dense by it. It was possible to determine the exact constitutional condition under which it appeared. In cases in which it is present, the tunica vaginalis is generally remarkably thick.

Dr. Routh said it seemed as if any serous membrane, when diseased, was capable of yielding a fluid containing cholesterine; an instance of this was found in ovarian dropsy. He thought the cholesterine in these cases was to be regarded as a secretion or exudation from the blood.

Deodorisation of Ulcers. Mr. Weeden Cooke referred to the discussion which has recently taken place in Paris, on the effects of a mixture of sulphate of lime and coal-tar as a deodoriser. He thought more had been said regarding it than it deserved; at the same time, as cleanliness was an important indication in the treatment of ulcers, it might be well to notice the subject. He had had many foul ulcers under his care, and had used the preparation; he found it to cleanse the wound, but at the same time it was liable to produce much inflammatory action. There are two classes of foul ulcers; in one class, the fœtor arises from the pus and discharges; while in the other the foulness arises from the presence of a slough. The preparation of gypsum and coal-tar is useful in the former; but in the latter it has no effect on the slough. A lotion of chlorate of potash is a very agreeable and effective means of cleansing a foul ulcer; and for sloughs, nothing is to be compared to the "manganese with potash." A little of this sprinkled on a piece of cotton wool or lint, and applied, at once dries up the slough, which comes off in twenty-four hours; after this the chlorate of potash lotion may be applied. The smell is removed with the detachment of the slough by the manganese with potash; but returns when another slough appears.

Dr. Routh had had cases of foul ulcer under his care, especially cancer of the uterus. He had found in these cases that the smell returned after the removal of the slough. With regard to the mode of action of the coal-tar, he observed that the smell of cancerous ulcers probably only arose from a kind of fermentation, and was capable of being stopped by substances which arrested fermentation. He had found a saturated solution of tannic acid very useful in correcting the character and odour of unhealthy ulcers; the improvement produced, however, was only temporary.

Dr. James Bird had had large opportunities during service in India. The continuance of the ulcer here depended on the amount of the surrounding inflammation, and the indications were to reduce the inflammation and to prevent absorption of noxious matter from the surface of the ulcer. In India, he had employed common nitric acid, diluted according to the extent and depth of the slough. He had also used tincture of perchloride of iron; but the application is very painful. This was also found by the French army surgeons in the Crimea.

Mr. De Méric thought that two kinds of ulcers were confounded in the discussion. There was a great difference between an offensive slough lying on an ulcer, and an ulcer yielding an offensive secretion. A slough must be removed; and at the same time it may be possible to change the character of the ulcer. There may be ulcers with no slough, but a smooth surface, and which may yet be phagedænic and very offensive. In these, he considered that the preparation mentioned by Mr. Cooke might be of great value to deodorise the secretions. In applying a disinfectant, it is necessary to take great care that it has not an injurious effect; and hence it was important to know the strength of the solution of chlorate of potash to be used. There was a simple substance which had not been mentioned as a deodoriser—charcoal. *Primâ facie* charcoal must do good on the principle laid down by Dr. Routh. A simple combination of linseed-meal and charcoal was a homely but useful application.

Mr. Rice had long been in the habit of successfully using a solution of chlorinated soda in sloughing ulcers, and also as an injection.

Dr. Mackenzie had read the tracts of Bishop Berkeley; and it would from them seem as if nothing was so good for foul ulcers as tar-water. He had used it, variously diluted; and had found it useful as a remedy in foul ulcers. He had also used tar ointment with benefit. He referred to a case related in the *Medical Commentaries*, in which a cancer was said to have been successfully treated by the local and constitutional use of tar; and to a case of obstinate phagedænic ulcer mentioned by Dr. Graves, in which creasote was successfully applied. Dr. Livingstone had also described the case of a sailor affected with cancer, which resisted all remedies, but which yielded to the use of lemon-juice administered to the patient during an outbreak of scurvy.

Treatment of Tetanus by Woorara. Mr. De Méric referred to the proposal recently made in Paris, to treat tetanus by the use of the woorara poison. In a discussion on this disease, however, it was necessary to have an idea of its varieties; for there are evidently cases which recover under simple treatment, or even spontaneously. Sir B. Brodie had lately written to the Secretary of the Academy of Sciences in Paris, stating that he had many years ago made experiments with woorara, and that it had been then tried in tetanus, but without success. In Paris, there had been a case of tetanus from shattered toe by a gunshot wound. Woorara was given both internally and externally. There was much trismus and general contraction; but when the case was brought forward, the patient was nearly well. For practical purposes, however, it is not sufficient to merely speak of tetanus; it must be divided into true and false, and the former into acute and chronic. In true tetanus, all the well known symptoms occur; in the false, there is contraction of a few muscles only. Acute tetanus will carry off a patient in twenty-four or thirty-six hours; in chronic tetanus, the disease may last a fortnight or three weeks. Sir B. Brodie

believes there is a kind of chronic tetanus from which the patient recovers with little or no treatment; and the case referred to as having occurred in Paris was regarded as being chronic. Mr. De Méric had had in his practice a case of recovery from chronic tetanus. The patient had had a very severe crush of the leg by a railway accident. Amputation was performed just below the knee. Sloughing took place, but the case seemed going on well, when trismus set in. This continued some time, but was only accompanied by contraction of some of the muscles of the neck. It was debated whether the end of the bone should be removed, but it was decided not to do this. Narcotics (morphia, chloroform, etc.) were given. The patient after a time began to show symptoms of amendment, and at last recovered. In regard to the use of woorara, it must be remembered that it is said to have no effect when taken into the stomach, and yet in the French case it was partially administered in this way. If it be resolved to try this agent in tetanus, it must be observed that there is a species of woorara which does act through the stomach, and which should be first administered to an animal. It should, when applied, be at once injected into the cellular tissue: little or no good is likely to arise from merely sprinkling it on the wound, or giving it by the stomach.

A discussion followed, with regard to the supposed source of woorara and the experiments of Sir Benjamin Brodie, in which Mr. Canton, Mr. Streeter, Dr. Routh, and Dr. Bird, took part.

Editor's Letter Box.

THE JOURNAL.

Letter from Humphry Sandwith, M.D.

Sir,—A passage occurs in Mr. Dix's letter of last week, which has excited my astonishment. It is the following:—

"My opinions were endorsed, my arguments seconded, and my resolution heartily supported by such men as the two Sandwiths," etc.

This statement is certainly at variance with what occurred at the meeting in Beverley, *so far as I am concerned*; as all who were present can bear witness. So far from endorsing Mr. Dix's opinions, or seconding his arguments, I called both in question, excepting only his financial statements. I distinctly stated my conviction, that, in these days of railway speed in thought and action, the Association could not exist without a Journal to maintain a ready intercourse among its branches. I also demurred to his mode of reasoning on the merits of our periodical, more especially his argument founded on the analysis of the contents of a single journal. I moreover strongly objected to the tone and spirit of his paper, which I said was too satirical to be in harmony with so grave an inquiry, satire being a hindrance rather than a help to the discovery of truth. I regret much, that we had no short-hand writer to take down my words, of which the above is but a meagre outline. In truth, my speech, as reported in the Journal of October 8th, being cut down to two lines, conveys no idea of my actual opposition to Mr. Dix's proposal. This I much regret, because a full and correct account of it would have shown that I was not prepared to join Mr. Dix in his crusade against the Journal. My remarks were addressed to the meeting immediately after Sir Henry Cooper's speech on seconding Mr. Dix's resolution. Having thus offered a decided opposition to some of the opinions and arguments, as well as to the tone of the paper, I *at first proposed my resolution, as an amendment upon that of Mr. Dix.* I was induced, however, by his urgent request, to withdraw my direct opposition, from his wish to ventilate the subject of his paper, and to secure attention by a *virtually* unanimous vote. I therefore contented myself with afterwards bringing forward my resolution (slightly modified) as a secondary and independent one, which also was carried without any opposition, except on the part of Mr. Dix. I now regret, that through courtesy I yielded a reluctant consent to Mr. Dix's request, because on that he has founded the statement of which I complain. Nor should I have so readily retreated from my first position, had I not felt myself unprepared to grapple with the financial part of the argument. The idea of a vast debt hanging over our heads, was the cause of my proposing a fortnightly, instead of a weekly Journal, coupled with a strong persuasion that the Association, in order to do justice to itself, requires an annual volume of *Transactions* for more elaborate essays, as well as a journal for reports of meetings and various other matters demanding a more rapid circulation.

If I have erred in occupying so much space in your pages on a matter chiefly personal to myself, I submit that Mr. Dix must divide the blame with me. But it is not wholly a personal matter, because it is clear that Mr. Dix employs the names of Sir Henry Cooper, Mr. Hill, of Cave, and others, including my own, as an auxiliary proof of the irresistible power of his argument. The object of this letter is to extricate myself from the false position in which Mr. Dix's sweeping statement places me: for, after the part I took in the debate, to represent me, as he has done, as *endorsing his opinions, seconding his arguments*, and *heartily supporting his resolution*, simply because I did not formally vote against it, is a mistake not in keeping with his usual logical acuteness.

In conclusion, I must compliment yourself, Mr. Editor, on the manly course you have pursued in an affair demanding great forbearance, tact, and judgment. Your strictures upon Mr. Dix's paper were dignified, temperate, and for the most part just. You were obviously aware how much the success of any cause depends on the superiority of moral tone, no less than of intellectual power in its advocates.

I am, etc., Humphry Sandwith.

1, Albion Street, Hull, October 22nd, 1859.

P.S. As to the part my brother took in the matter, his opinion, founded on the assumption that the Journal absorbed all our income, was, that a monthly Journal might answer every purpose. At the same time he remarked, that the weekly Journal had mightily improved under its present management. I can only account for Mr. Dix's unqualified statement respecting my brother and myself, by supposing that, in the self-abstraction of his own ideas, or in the confusion of tongues, he did not hear what we said.

THE JOURNAL.

Letter from Sir Henry Cooper, M.D.

Sir,—As the seconder of Mr. Dix's proposition, which has again raised the "Journal question", I may be allowed a few remarks in explanation of my own views. I will make them brief, as I see that the discussion is already assuming portentous dimensions.

And first, I would remark, that the resolution of the meeting at Beverley was *not* to *discontinue* the Journal, but to diminish the frequency of its issue; the extent of the change being purposely left an open question. This at once disposes of the great mass of the argument which has been used, and which merely goes to prove that it is desirable the Association should have some medium of communication between its members. It also disposes of the invidious and unpleasant discussion on the merits of the Journal at the present time, since such merits or demerits are merely the accident of the time, and may be changed if found necessary. If we are to have a Journal, it rests with ourselves whether it be a good or a bad one. The question is then narrowed to these limits,—Is it desirable to have so frequent an issue of the Journal? and if it is, can we afford to have it, consistently with other and more important calls on our funds?

I have long been of opinion that the facility afforded for rapid communication of opinions, and even of facts, in matters of science, is far from being an unmixed good; at least, I am quite sure that the benefit derived is not in proportion to the facility afforded. To rapid journalism we owe the enormous accumulation of crude and unused material which lie buried in our serials for many years back, and which, for want of arrangement and generalisation, are almost valueless to science. What is wanted is more condensation and utilising of existing material, and less encouragement to hasty publicity and "vain repetitions". Conceive a *daily* medical journal! What hunting for materials! what hasty undigested communications! what personal disputes, and discussions on matters of ephemeral interest! The whole affair would be of and for the day, and not for the permanent advancement of science, or the interests of the body which published it. No man would be bold enough to advocate such a scheme, even were it a paying concern; and yet, if the argument for unlimited frequency of publication is worth anything, it ought to stand this test. The truth is, there is a limit here, as in all other matters, at which the maximum of good and the minimum of evil is attained; and it is this limit, in this case, that we have to find.

Is it a day, a week, or a month? I think the last. Our Society has been formed on the model of, and (with special adaptation to professional objects) is similar in its objects to, the British Association for the Advancement of Science. This Society has no journal; its funds are expended in grants for conducting scientific inquiries and observations, and in furthering the ends of science socially and politically. The American Medical Association—a strictly kindred society to our own—follows the same system; and both publish their results in an annual volume of *Transactions*, the value of which is undeniable. I need scarcely suggest in how many ways pecuniary assistance from the funds of our Association would assist the progress of medical science, and add to our political force and social status. This branch of the subject is capable of great development, but I forbear to enter on it now.

Practically speaking, it must be admitted that we expend our available income upon the Journal. On an average of years, the net income has not materially exceeded the cost of producing it. Is it wise to expend our strength on the vehicle, and, in so doing, debar ourselves from producing, in its best possible form, the material which it is to convey? Would it not be better policy to divide our resources; to expend part on securing valuable and reliable matter, and part in circulating it among our members? The converse of the present system should then be adopted. Instead of begging for contributions to supply a stated demand for publication, we should publish as often as materials of sufficient interest and value were collected; and the interval required for this purpose would soon be determined.

In short, I would advocate such an issue of the Journal as would diminish its cost one half; and I would expend the balance in the manner above indicated, and in the occasional issue of a volume of *Transactions*.

I think it would be well that this question, being now well considered, should be brought prominently before the Branch meetings which immediately precede the annual meeting, so that the feeling of every section of the Association should be represented there. I am, etc., Henry Cooper.

Hull, October 24th, 1859.

THE JOURNAL.

Letter from T. H. Jackson, M.D.

Sir,—With Mr. Dix, I might exclaim, "What is the use of the Journal?" with just as much propriety as the student of Guy's remarked, "He did not see the use of the liver! A man could do just as well without a liver!" Certainly, if you removed that all important viscus, it would be an insult to the unfortunate patient to inquire, like *Beppo*, "How's your liver?" and, if deprived of that organ, he would be quickly "gathered to his fathers". Just so with the British Medical Association. I consider it an insult to the Society that the propriety and existence of the Journal is even questioned. Excise or diminish the Journal, and, *felo-de-se*-like, you ring the death knell of the Association.

I hope Mr. Daniell will have no occasion to take refuge in an "inner chamber"; that his recruits, erect as a staff and elastic as a cane, in the hour of need will not prove "feather-bed soldiers". Let their motto be, "Onward!" like a snow-ball thrown from the top of the mountain, gathering as it rolls, until it becomes a mighty avalanche, bearing down all opposition.

I trust, therefore, that my fellow-associates, through good report and evil report, will resemble in pertinacity the ivy clinging to the oak, which it deserts not, either in the balmy hour or howling tempest. I am, etc.,

Thos. Hayes Jackson, F.R.C.P.Edin.

Darlington, Oct. 25th, 1859.

P.S. Two mules, one laden with salt, the other with sand, travelling onward, arrived at the banks of a river. The mule laden with salt plunged into the stream, and, swimming to the opposite side, found his burden considerably lightened. The other mule, laden with sand, hoping to obtain the same desirable result, swam through the river also; and, alas! found, to his chagrin, his burden increased to the maximum degree. Just so with the Association. While we are united and amicable, our debt or burden will diminish in the same happy ratio, as the mule's burden of salt. On the other hand, disunion and discord will increase our burden tenfold, not unlike the foolish mule's load of sand. T. H. J.

THE JOURNAL.

Letter from William Legge, Esq.

Sir,—As a young member of the Association, I have waited to learn the opinions of my seniors on this question of the Journal, before adventuring my own. From what has been already written, I cannot gather that *one* member is ready to submit to "excision of the back-bone"; not even Mr. Dix, for *he* does not say "Down with the Journal," but "Give us a cheaper one"; and certainly the most zealous defenders of the Journal betray the opinion that it is not what it might be. No one for a moment I am sure blames the editor; his thankless task is too well accomplished. How then is the "lamentable result," paucity of members, to be accounted for? To use a homely phrase, I think Dr. Ranking and Dr. Barker have "the right pig by the ear"; and unless their suggestions be responded to, it is useless for us to hope to compete with other medical weeklies, except indeed by making the Journal like them a commercial speculation. *They* can afford to pay for "good practical communications, *we* cannot; and this want of the sinews of war cripples us, and lays us open not only to the charge of retailing "old news," but even of omitting important intelligence. Thus lately, week after week, I looked in vain for the list of successful candidates at the India House examination. It never appeared; and, as my brother-in-law stood at the head, it chanced to possess unusual interest to me.

Notwithstanding the rather severe reception Mr. Dix has met with in broaching this question, his facts and opinions deserve serious consideration; and if the discussion be carried on in a friendly spirit, without bitterness or personality, good is sure to result. I for one stand by a weekly Journal; but until our little army of 2,300 bid fair to become a host of 10,000, might not a cheaper form of paper like that of *All the year round* contain the same amount of association and general intelligence, while the diminution in price, allowing a reduced subscription, would speedily recruit our ranks from those who cannot afford both their *Lancet* (which they will not sacrifice) and a guinea for our Journal? I feel convinced that a lower subscription and cheaper paper *for the present* would pay, and we should hear no more of pecuniary difficulties. When myself deliberating whether to keep the *Lancet* or join the Association, I yielded my personal preference to the conviction of the necessity of united action in our profession, and to the assurance that eventually the adhesion of units would render the Association a mighty power in the commonwealth; but I cannot say the attraction of the Journal was sufficient to allure me; for I was then regularly receiving it from a member, generally uncut. I only state this fact to show that Mr. Dix scarcely merited the rebuke Mr. Daniell administered him for presuming to fear that members "don't duly study the Journal." To me the Journal is a welcome guest, as the only means of communication with my medical brethren; for although I have been a member of the Association nearly eighteen months, we have had no branch meeting since my election.

I sincerely trust that this discussion may not induce you, sir, to deem your services undervalued by the associates, and that it may also be the means of eliciting from our brethren many valuable contributions. I am, etc., William Legge.

Wiveliscombe, Somerset, October 1859.

MEDICAL TITLES AND THEIR LEGAL MEANING.

Sir,—In your leading article of this week's Journal, you comment upon the case of Fitzpatrick *versus* Hallows; and, without offering any remark as to the justice or injustice of those proceedings, I beg to offer the following lines for the opinion of the profession. The question is, Can a Licentiate of the Society of Apothecaries call himself Surgeon? Mr. Hallows is a Licentiate, and as such can claim in a court of law for all proper charges for medicines and attendance in cases of sickness, no matter what be the complaint. An M.R.C.S. can only claim for attendance upon surgical cases. What is the meaning of the word surgeon? Clearly one who attends to surgical cases. What is the meaning of the word apothecary? If only one who compounds medicines, What does the law mean by allowing him to charge for all proper attendancce, etc., upon a sick person? Further, If the law looked upon an apothecary as only a compounder of medicines, how is it that when a medical man goes into a court, he prosecutes as an apothecary, not for the compounding of medicines, but for the regular attendance and charges of a medical man?

Does M.R.C.S. call himself a medical man? If he does, I

beg to tell him that he was no right whatever to the title. A medical man, as I take it, is one who has the right of attending upon all cases of sickness, no matter of what nature, whilst M.R.C.S. is clearly defined by law as one to attend upon surgical cases, and none other, therefore cannot have anything to do with the term *medical*.

Could not the matter be set at rest in something like the following manner (if nothing but legal proceedings will settle it)? Let all surgeons be prosecuted who attend medical cases, and all apothecaries who attend surgical cases. We should soon see who has the greatest cause for complaint.

In conclusion, would it not be far better if those members of our profession who are so fond of law, would join the London or some other Registration Association, and assist in putting down really unqualified persons who live as parasites upon us, instead of going into courts of law to prosecute regularly qualified medical men—it may be from jealousy.

I am, etc., Surgeon and Apothecary.

October 18th, 1859.

THE QUALIFICATIONS OF A GENERAL PRACTITIONER.

Sir,—Being an ignoramus regarding the qualifications which it is necessary to be possessed of to be styled a "general practitioner" since the passing of the Medical Act, will you, or any of your correspondents, have the kindness to inform me whether I am right or wrong in adopting the subscribed conjecture? The possession of any one medical and any one surgical qualification entitles the holder of both of them, to be denominated a general practitioner, that is, legally qualified to practise both medicine and surgery in any part of Her Majesty's dominions. For instance, an M.R.C.S. and a L.R.C.P.Edinburgh, is quite as legal as M. or L.R.C.S. and L.A.C.; or, an M.D. and M.R.C.S. is legally qualified to practise both medicine and surgery. So that, in point of law, or public appointment, any medical diploma or degree obtained from any legally constituted bodies in England, Ireland, or Scotland, will answer the same purpose as the L.A.C., so that it may no longer be considered indispensable to be L.A.C., provided always that a medical qualification exists instead.

I am, etc., Chirurgicus.

October 1859.

[Our correspondent is correct. Editor.]

THE EMPLOYMENT OF MERCURY IN TRAUMATIC INFLAMMATION OF THE EYE.

Letter from I. Harrinson, Esq.

Sir,—In the *Lancet* for May 15th, 1858, Mr. Alfred Poland states: "It would hardly be credited, that, in the year 1858, mercury was administered for penetrating wounds of the eye, yet he was sorry to say such was the case."

In the British Medical Journal for October 22nd, 1859, the reporter of a case in University College Hospital says: "To watch a case of traumatic iritis treated by mercury, is a sufficient cure for any one afflicted with the prevailing scepticism of the day, as to the powers of that drug in arresting inflammation."

Will any one reconcile these diverse opinions, and tell us which practice is the right one?

I am, etc., I. Harrinson.

Reading, October 24th, 1859.

INDIA MEDICAL SERVICES.

Sir,—The India Medical Services appear doomed to wait in vain for any real improvement being made in their condition, in order to place them on an equality with their brethren in the English army.

In England, it has been almost universally acknowledged that the late Warrant is insufficient to remedy the evils it was intended to reform; and it has now been, I believe, returned from India by the Government there, as not really liberal enough. Still there is not a whisper of anything more being probably done for a much injured class of men. In spite of the remonstrances of the three services, in spite of the number of candidates for appointments falling short of the number required, and in spite of the return of the Warrant from India, will the Government at home remain deaf to the voice of justice?

Hoping that you will grant us your powerful aid to procure for us reform when it is so much needed; namely, in the condition of our medical funds, in our slow promotion, and in the inequality of our retiring allowances compared with those of military officers; and trusting that you will excuse me for again troubling you on the subject of our service.

I am, etc., Assistant-Surgeon Indian Army.

October 1859.

INQUIRY INTO CERTAIN CASES OF DEATH.

Letter from F. J. Brown, M.D.

Sir,—As a preventive measure that would guard against the evil effects of speculation on human life, I propose that the medical officer of health for the district should make inquisition into the cause of death of every individual dying in his district, that might be insured in a burial-club or in an assurance office. Machinery would be necessary to carry out such a measure. It should be made imperative upon the executor or person eligible to draw the money, to report the death to the medical officer within twenty-four hours. Respecting payment for the inquisition, this ought to be made out of the county rate. The nature of the inquisition should be left to the medical officer. He should visit the dead body in every instance, and see the medical attendant; and in suspicious cases he should make a *post mortem* examination and an analysis. Where there is no medical officer now, one should be appointed; thus the whole country would be mapped out into sanitary districts, and provided with a staff of medico-legal officers.

I am, etc.,

Fred. J. Brown.

Chatham, October 20th, 1859.

UNREGISTERED POOR-LAW SURGEONS.

Letter from Richard Griffin, Esq.

Sir,—If you think the following correspondence will interest your readers, it is at your service for publication. I regret to perceive that the Poor-law Board make no promise of refusing to confirm the appointments of non-registered medical men. Would not a *quo warranto* lie against them? If so, it would be far better to obtain one, than to prosecute the individuals who have been elected. I wish the London Medical Registration Association would turn their attention to the subject of illegal Poor-law medical appointments.

I am, etc., Richard Griffin.

12, Royal Terrace, Weymouth, Oct. 15, 1859.

I. *Mr. Griffin to the Poor-law Board.*

Weymouth, Sept. 27th, 1859.

My Lords and Gentlemen,—Fearing the Medical Act may have escaped your recollection, I take the liberty to draw your attention to one of its provisions, which enacts "that, after the first day of July, 1859, no person shall hold any appointment as physician, surgeon, or other medical officer, in any union workhouse or poorhouse, or parish union, unless he be registered under this Act." The reason for my now pointing out to you this section is, that during the last four months, certain gentlemen, whose names are hereunto attached, have been elected union medical officers, though they were not at the time registered, nor have they registered up to the 24th of this month. The importance of this Act to the community at large is so great, that I feel sure, if you have inadvertently confirmed these appointments, you will insist on these gentlemen immediately registering, or, in default, resigning; and that, in future, you will not confirm any medical man to his office, if, at the time of his election, he is not registered.

I have the honour to be, etc.,

Richard Griffin.

The Poor-law Board.

Names of gentlemen not registered.	Name of Union.
O. Ward . . .	Easthampstead
George Corneley . .	Headley.
Albert Carter . .	Gloucester.
H. Shirley . . .	Guildford.
Richard Smith . .	Barnstaple.

II. *The Assistant-Secretary of the Poor-law Board to Mr. Griffin.*

Poor-law Board, Whitehall, S.W., Oct. 15th, 1859.

Sir,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 27th ultimo, in which you draw

their attention to the provisions of the 21st and 22nd Vict., cap. 90, sec. 32, and 22nd Vict., cap. 21, sec. 2; and furnish them with the names of certain Poor-law medical officers who have recently been elected, but who, it is alleged, were not registered pursuant to the first mentioned statute up to the 24th ult. I am directed to inform you that the Board require it to be stated, in the form of *queries* containing the particulars of the appointments of medical officers, whether they are registered or not under the statute. The Board will make such inquiries into the cases mentioned in your letter as, on referring to the particulars of the appointments, may appear necessary.

I am, sir, your obedient servant,

Fras. Fletcher, *Assistant-Secretary.*

Richard Griffin, Esq.

REDUCTION OF DISLOCATION OF THE HIP.

Letter from John McIntyre, M.D.

Sir,—In your issue for Sept. 17th, in the reports from the Hull General Infirmary, are found two cases of dislocation of the hip. In one of them, the head of the bone, before returning to its normal position, "oddly enough" had a freak, and jumped into the obturator foramen. In a case I published in the Journal for August 15th, 1857 (p. 698), the like event happened, as I have thought since, from a guiding as well as liberating influence not having been used in the process of reduction.

It is not, however, with the view of drawing attention to these cases that I now write, but to show that the "new method", "Reid's method", "method by manipulation", or by whatever other names it may be called, is *not* new; that it was in use in 1772, and as successfully used as now. I am indebted for the reference to the two following cases to my talented friend Mr. R. S. Hill of Basingstoke. In a work entitled *Medical and Philosophical Commentaries, published by a Society in Edinburgh*, vol. iii, p. 424, it is thus written:—

"*Two Cases of Dislocation of the Femur, with an Account of the Method of Reduction.* By Mr. Thos. Anderson, Surgeon in Leith.

"Case I. In September 1772, Mr. Bruice, surgeon at Musselbourge, sent for me, desiring I would meet him at Lord Abercorn's coal-work, one of the colliers having dislocated his left thigh-bone. I there found Messrs. Bruice and Stewart, surgeons in Musselbourge, and Messrs. Simpson and Clarkson, surgeons in Dalkeith, who were just begun to attempt the reduction by pulleys. With these several trials were made; but the lacque round the knee slipping, it was taken off. By this means I had an opportunity of examining it. I found the left knee protruding three or four inches more than the right, and the one could not be brought within eight or ten inches of the other, the foot being turned out. When it was moved upwards and downwards, if done gently, he found little pain; but I observed, when it was nearly or altogether extended, the head of the bone became fixed. And he complained more when it was in that situation if any rotatory motion was attempted with the femur, which gave him no uneasiness when the thigh was brought up towards the abdomen. From the above appearance, it was certain the head of the bone was displaced from the acetabulum, and lodged downwards and inwards in the large foramen of the ischium and pubis. I was convinced that attempting the reduction in the common method, with the thigh extended, was improper, as the muscles were all put upon the stretch, the action of which is perhaps sufficient to overbalance any extension we can apply. But, by bringing the thigh to near a right angle with the trunk, by which the muscles would be greatly relaxed, I imagined that the reduction might more readily take place, and with much less extension. When I made this examination, he was lying on a table, on his back. I raised the thigh to about a right angle with the trunk, and, with my right hand at the ham, laid hold of the thigh, and made what extension I could. From this trial I found I could dislodge the head of the bone. At the same time that I did this, with my left hand at the head and inside of the thigh, I pressed it towards the acetabulum; while my right gave the femur a little circular turn, so as to bring the rotula inwards to its natural situation; and, upon the second attempt, it went in with a snap observable to the gentlemen standing round, but more so to the poor man, who instantly cried out he was well and free from pain. His knees could then be brought together; the legs were of the same length, and the foot in its natural situation. The knees were kept together for some time with a roller, to confine the motion of the thigh; and in three weeks he was at his work, without the least stiffness in the joint.

"Case II. A boy, eight years old, of a strong healthy constitution, while he happened to be carried on his sister's back, lost the hold he had of her neck, and fell to the left side. She, however, held him by the legs, which were round her waist, so as to occasion considerable stress to the parts. He was carried home, and complained of the left thigh and haunch, which he said was from a fall from his sister's back. The parents being poor, and imagining it to be only bruised, were eighteen days before they called any assistance. At this time, I found him lying in bed on his back, the fore part of the femur turned quite in; the knee, lying on the right thigh, was fully four inches shorter; the leg turned out; and considerable tension and swelling on the hip. From the appearance, I suspected a fracture at the neck of the bone; but, on examining it, was soon convinced of the dislocation, and that the head of the bone was lodged upwards and backwards from the acetabulum, in the concave part of the ilium where it joins the ischium. The smallest attempt to carry the thigh outwards from the position in which it lay gave him the most exquisite pain, and he could only allow it to be gently moved upwards, if, at the same time, the knee was kept over to the right side. From the motion made to discover its situation, he complained so much, that the reduction was not attempted at that time. The hip was fomented, rubbed with camphorated oil, and a poultice applied for the night. Next forenoon I called on him with two young gentlemen. He was placed across the bed, the thigh raised so as to form an acute angle with the trunk. In this situation, the knee lay considerably over to the right side, and the leg was turned much outwards. He was kept down by an assistant, while I laid hold with both my hands above the knee, at the same time standing upon the side of the bed, and pulling upwards. I found I could move the head of the bone from the place where it was lodged; and, upon making considerable extension, with my left hand I laid hold of the middle of the leg, which I brought inwards. By this the femur made a circular turn, which directed its head towards the acetabulum, into which it went with a sensible noise. The boy immediately cried out that he was well, and could allow the thigh to be moved gently in any direction. The thighs were kept together for two weeks with a bandage, and in three weeks he could walk; but he complained of stiffness in the joint for a week or two afterwards."

Until a prior claim, therefore, can be instituted, these cases fully point to Mr. Thomas Anderson, surgeon in Leith *anno* 1772, as the discoverer of the method now found at once so safe, speedy, and effectual. I am, etc.,

J. McIntyre.

Odiham, October 3rd, 1859.

AMPUTATION OF THE PENIS.

Letter from Augustin Prichard, Esq.

Sir,—At page 354 of the *Medical Times and Gazette* for October 8th, is a letter by Mr. Teale of Leeds, on the subject of amputation of the penis, referring to some reports in a former number of that journal; and in it he alludes to the practice of stitching together the skin and mucous membrane of the urethra, to prevent the contraction of the newly made orifice; and he calls it his mode of treatment, which he has adopted for five years.

There must be some mistake about his laying claim to be the originator of this plan, for it has been taught for many years, and it is mentioned in surgical works (Pirrie, for instance) as a well known practical point. The first case in which I had an opportunity of adopting it was in 1851, and I had heard of it then as an established method of proceeding.

I cannot help thinking that the practice of reporting in the periodicals the cases occurring in the London hospitals has outgrown all useful limits; and, as a general rule, that nobody looks at more than the headings; for there is a weekly series of cases, mostly of every-day occurrence, in which well known and ordinarily received modes of treatment are carried out, with the usual results. As every case that occurs is not published, the reports are useless for statistical purposes. All the rare or exceptional cases should be published, and the records would then be valuable. I am, etc.,

Augustin Prichard.

Clifton, October 15th, 1859.

A QUESTION OF MEDICAL ETIQUETTE.

Sir,—Your opinion and that of my brother associates on the following will oblige.

A gentleman, having lost his property, is left with his wife and daughter without means of support except by the exertions of his two sons, general practitioners, who live at too great a distance to render their services during sickness.

In such a case, what would be professional etiquette? Ought medical attendance to be charged by the surgeon in the place where they reside? I am, etc.,

Mem. Brit. Med. Assoc.

October, 1859.

[We think the surgeon of the place should attend them gratuitously; especially if he is himself in competent circumstances. The matter must depend, however, much more on individual good feeling than on any formal rules.]

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Of sons, the wives of—

Maclean, —, M.D., at Brompton, Chatham, on Oct. 25th.

Peregrine, T., M.D., at 3, Half-Moon Street, Piccadilly, on October 13th.

Of daughters, the wives of—

Barry, D. P., Esq., Staff-Surgeon, at Aldershott, on Oct. 15.

Fowler, R., M.D., 145, Bishopsgate St. Without, on Oct. 22.

Halley, Alexander, M.D., 7, Harley Street, on Oct. 23.

*Plumbe, Samuel, M.D., at Maidenhead, on October 22nd.

Procter, J. G., Esq., Surgeon, at Lydd, Kent, on Oct. 19.

Richardson, Alfred, M.D., 16, King's Place, E., on Oct. 24.

MARRIAGES.

*Fletcher, Adam, Esq., Bury, to Betsey, youngest daughter of the late Thomas Hindley, Esq., of Farnworth, on Oct. 19.

DEATHS.

Barker, Francis, M.D., late Professor of Chemistry in the University of Dublin, in Dublin, aged 86, on Oct. 8th.

Dufton, Wm., Esq., at Birmingham, aged 53, on Oct. 17.

MacDermott, Robert, A.B., M.D., Professor of Materia Medica in the Catholic University of Ireland, in Dublin, aged 27, on October 8th.

McAndrew. On October 25th, at Bayswater, aged 38, John L. McAndrew, late Captain in the 4th and 96th Regiments, eldest son of Sir John McAndrew, M.D., K.C.B.

*Paley, Robert, M.D., at Ripon, aged 79, on Oct. 16.

Sykes. On October 18th, aged 2 years, Arthur Wm., youngest son of John Sykes, Esq., Surgeon, Mile End Road.

*Wyman, W. S., Esq., at Kettering, aged 52, on Oct. 18.

PASS LISTS.

Royal College of Physicians of London. At the Comitia Majora, held on September 30th,

Waters, A. T. Houghton, Liverpool, was admitted a member of the College after examination.

Royal College of Physicians, Edinburgh. The following gentlemen have recently been admitted Licentiates of this College after examination:—

Arnison, Chas., Alston
Atkyns, Alfred, Hoxton
Barratt, Edgar, Brighton
Berwick, George, Sunderland
Boydell, J., M.D., Sackville Street
Chick. E. R., Manchester
Davies, J. H., Birmingham
Fluker, R. C., Berwick-on-Tweed
Hirst, C., Morley, near Leeds
Horner, T., Stoke Newington
Livett, H. W., M.D., Wells
Moore, W. J., Indian Army
Pitt, J. B., M.D., Norwich
Sloper, Charles E., Tredegar
Spear, Wm., Southampton
Wade, Wm. S., Stanningley, Leeds
Warcup, Wm. M., Scarning, Norfolk
Welch, C., Hackney Road
Wilkins, E. P., Newport, Isle of Wight

Apothecaries' Hall. Licentiates admitted on *Thursday, October 20th*, 1859:—

Barrett, A. E., Eton
Gordon, P., East Indies
Grabham, C., Islington
Griffith, J., Bangor
Jones, J., Brighton
Lawson, J. E. S., Egremont, Cumberland
Thornhill, D. C., Stratford

HEALTH OF LONDON—OCTOBER 22nd, 1859.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week ..... {Boys .. 872 / Girls .. 918}	1790 ..	910
Average of corresponding weeks 1849-58..	1533 ..	1031

Among the causes of death were—small-pox, 29; scarlatina, 85; diphtheria, 14; diarrhœa, 31; cholera, 2; intermittent fever, 1; syphilis (in infants), 7; delirium tremens, 1; intemperance, 7. Of bricklayers, there died 1; bricklayers' children, 8; carpenters, 3; carpenters' wives, 2; carpenters' children, 14; of masons, 1; of masons' wives, 1; masons' children, 2; painters, 2; painters' wives, 2; painters' children, 9; plasterers' children, 3.

Barometer:

Highest (Tues.) 29.831; lowest (Fri.) 29.172; mean 29.490 in.

Thermometer:

In sun—highest (Sun.) 73°; lowest (Fri.) 53°.
In shade—highest (Sun.) 64°; lowest (Sat.) 28°.
Mean—48.3°; difference from mean of 43 yrs.—0.8°.
Range—during week, 36°; mean daily, 13.5°.

Mean humidity of air (*saturation*=100), 88.

Mean direction of wind, S.W.—Rain in inches, 0.53.

Royal College of Surgeons. From a return just published of the receipts and expenditure of the Royal College of Surgeons of England, in the year from Midsummer-day 1858 to 1859, it appears that the receipts amounted to £19,697:7:5, derived from the following sources, viz., Court of Examiners, £16,655:5:0. Fellowship, £1,449:0:0. *Ad eundem* Membership, £88:0:0. Certificate of Membership, £5:5:0. Midwifery Examinations, £365:8:0. Admission to Council, £21:0:0. Sale of Lists of Members, Catalogues, etc., £20:13:9; and dividends on Investments in Government Securities, £1092:15:8. The disbursements amounted to £20,994:7:0, divided under various heads, including a deposit of £850:0:0 on the purchase of the large house adjoining the College. From a summary of the whole it appears that the incidental income of the College was £18,604:11:9, and the incidental expenditure £17,305:12:2. The permanent income of the College was only £1092:15:8, whereas the expenditure amounted to £3,688:14:10.

TO CORRESPONDENTS.

Mr. P. H. Chavasse of Birmingham has forwarded some documents relating to a charge made by him against Dr. Barker of Bedford, whom he accuses of plagiarism. Several letters on the subject from both these gentlemen have already appeared in the pages of a medical contemporary, which has now declined to allow the discussion to be continued in its columns: and we cannot with propriety take up a matter which has been thus dropped by another journal. Moreover, we do not think that any good is to be gained by the publication in this Journal of what must be a voluminous personal correspondence, at the end of which the matter would remain in as unsatisfactory a state as now. Mr. Chavasse and Dr. Barker should agree to submit their dispute to the arbitration of some respectable member or members of the profession, whose decision should be made public in the medical periodicals.

An Associate. A Licentiate of the Royal College of Physicians of Edinburgh cannot legally dispense and recover in a court of justice for medicines supplied by him in medical cases.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

Members should remember that corrections for the current week's Journal should not arrive later than Wednesday.

NOTICE.—Dr. Wynter will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

Communications have been received from:—Mr. Fred. Mason; Mr. Edmund Boult; Mr. Crosby Leonard; Mr. R. S. Fowler; Dr. William Davies; Dr. A. T. H. Waters; Dr. F. J. Brown; Dr. Cockle; Mr. T. Holmes; Sir H. Cooper; Dr. H. Sandwith; Mr. I. Harrinson; Dr. G. E. Day; Mr. Fletcher; Mr. Jas. Reid; Dr. Semple; Member of the British Medical Association; An Associate; Argus; Mr. C. Snape; Dr. Hayes Jackson; Mr. William Legge; and The Secretary of the College of Dentists.

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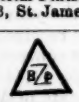
TRADE  MARK.

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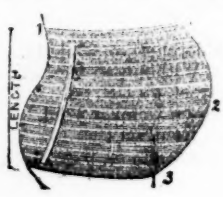

Mr. BOURJEAURD, in submitting the accompanying Diagrams, presents his best thanks to the Members of the Medical Profession for their unceasing support of his invention of the Spiral Elastic Compressional Principle in Surgical Appliances, and for the continuance of innumerable recommendations in all parts of the kingdom, at the same time he feels it incumbent upon him to remind his friends, that this Invention was registered by him in February 1848, and, immediately after, advertised in the Medical Journals, thus affording an undeniable contradiction to the assertions of the unblushing appropriators of his principle, who have never appeared till within the last three and a half years, and yet style themselves Patentees, Registrars, etc., of the Spiral Principle. The advantage of qualifying antecedents, and being a Member of the Surgical Profession, have enabled Mr. B., by confining his attention to the superintendence of the manufacture and adjustment of his appliances, to attain great proficiency; and he considers it essential, especially in difficult cases, that patients should be attended by himself or his assistants, and if not practicable, by a Member of the Profession, as it must be admitted to be exceedingly hazardous for the suffering to entrust their limbs or cases of hernia to persons totally ignorant of anatomical or physiological laws.

The charges, estimating the amount of benefit afforded, are less than the prices of the imitations: Mr. B. invites an inspection, and of the certificates confirming his sole claim to the inventions.

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